		FOR			DEP	STAT	OF MARYLA		ENE 8 6	,	2 6	0/0
00-17300	1 -	STATE REGISTRAR				CERTIF	ICATE OF D	EATH	REG.	NO		
	T. DES	ED NAME	FIRST		WIDDLE	A , , 1	AST		20. DATE OF DEATH		DAY YEAR	26 HOUR
1 75	1	MMES		1-		ALL	NO19	Am		9 4	1 86	12 Nan
6	3 583			4. RACE		5. DATE C	F BIRTH	WC A D	6. AGE (IN YEARS LAST	BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
- /	1	MALE		WH!	TE	12	3	1900	65	YRS	DATS	MIN MIN
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		RTHPLACE (STATE OR F	OREIGN	76 CITIZEN OF	WHAT COUNT	RY? 8	NEVER M	ARRIED -	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
1 11/2		PA		USA		WIDOWE	D DIV	ORCED		HARFORD		MD.
1 11 10/	nejci	TY OR TOWN OF DEA	ATH		HOSPITAL, NU TH FACILITY, GIVE S	RSING HOME (R OTHER INSTI	ITUTION	120 USUAL OCCUPA		12b. KIND C E) INDUSTRY	OF BUSINESS OR
10 11 0	1	HAVRE de GI				ON AVENUE			(RET) SURVE	YOR	SMELTI	NG CO.
2 4 19 2/4	13a. S	TATE	13P CON	1TY	13c. CITY OR	IOWN	13d INSIDE CIT	TY LIMITS?	13e STREET ADDRES			
3 1 1	14.50	MD THER'S NAME	HAR	FORO	HAVRE (de GRACE	YES X	NO DEN NA	704 SOUTH	UNION AV	ENUE	21078
AR 1 22 ///	")"	4907		MIDDLE	LAST		F	IRST	MIDDLE		LAS	
1/1	Hin W	ROBERT /AS DECEASED EVER	IN U.S. AR	MED FORCES?	ALLING	ECURITY NO.	JEI 17 INFORMAN	NNIE	ADD	ORESS	MCGR	ANOLE
A 10 11		ES NO OR UNKNOWN)	I (IF YES, GIV	WAR OR DATES)	174 12				40M 103_0 AL	I TANCE S	T HAVRE	de GRACE, M
		18 CAUSE OF DEAT					OAMES M	· ALLING	1AN 105-0 AL	ETAIVOL 3		IMATE INTERVAL ONSET AND DEATH
4 600	0	PART I. DEATH W	'AS CAUSE	D BY: TE CAUSE (o)	CA	RDIA	C	ARI	REST		DE I WEEK	UNSET AND DEATH
M S	8		IMMEDIA	DUE TO, O	PASA CONISI	OUENCE OF						
ESTC phen pre come come	1	Conditions, if any,		((b)_	May	OCAR	DIA	U 4	NEMIC	TIUN	V	
g 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3	gove rise to imm cause (a), statin	g the	DUE TO, O	R AS A CONSE	OUENCE OF			1			
A to the state of		underlying cause	last	(c)	IXK	15KI	030	LEM	0115			
S. 2	z	PART 2 OTHER SIGN	VIFICANT (CONDITIONS CO	ONTRIBUTING	TO DEATH BUT	NOT RELATED	TO THE TERMI	NAL DISEASE OR CO	NDITION GIV	EN IN PART 1	a
200	CATION	190 DATE OF OPERA	TION	19h COND	ITION FOR WE	HICH OPERATIO	N WAS PERFOR	RMFD	200 AUTOPSY?	120b. IF YES	S, WERE FINDI	NGS USED
N O TO TO	IFIC								YES IN NO	IN CERTIF	YING CAUSES	OF DEATH?
ATT TO SEE THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN C	CERT	210. ACCIDENT WAS UNE	DERLYING [21c HOW INJ	IURY OCCURR	ED (ENTER NATURE OF IN			
A STATE OF	AL	OR CONTRIBUTING (M. MONTH	DAY YEAR	1000					
NO STATE OF THE PARTY OF THE PA	MEDIC	21d INJURY OCCUR		21e PLACE	OF INJURY	FICE CARM SHE	211 LOCATIO	14	SC/IV-DE	TOWN	COUNTY	STATE
SIN SE STATE	5	WHILE NOT WE	RK	(Al HOME 3II	ALLI, FACTORS, OF	V		VI	al	2	CC	
2/3 4 1 5 1		22a 1 certify that (I)		tal) offered d	ceased fr	1000	1	1900		3		that (I) (we) last
THE STATE OF THE S		above, (1) (we) (1	ed alive on fiditided no	t) view the bedy	after death.	00		our) opinion d	eath accurred on the	date and have		
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		THE GNATURE &	7.	1000	00	10-10	DEGREE A1	TENDING /	MEDICAL ST	TAFF	CA .	SIGNED
A Story		278 PHYSICIAN'S N	AME (TYPE C	1 VVV	epox	rvw	P 22e ADDRESS		MEDICAL ST	SICIAN	17/5	1184
55 V 15 V 16 V 16 V 16 V 16 V 16 V 16 V		DANT	FI		ONA	1211	Hm	1R0 1	De Gran	ce, M	ul 2	1070
5 5 5 3	23a B	URIAL, CREMATION,	REMOVAL			23c NAME OF C	EMETERY OR C	REMATORY	23d LOCATION			-/8-
BP	1	BURIAL		8SEPTE			EW MEMOR		PITTSBU		COUNTY	PA.
DHMH - 16 60M 7/84	24 FL	NAME NAME	USMANN	O FUNERAL	HOME, M	KEES ROCK	(S, PA	250 DATE		AR 256 REGIST		TURE
(VRA 15, 4)		TCHELL FUNER			HOURI	- 70		SF	8 1986	Archin . J.	muidan-	fandass

-19469	1.	FOR STATE REGISTRAR	DE	STATE OF MARYLAND EPARTMENT OF HEALTH AND MENTA CERTIFICATE OF DEATH		2607
		CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MO	NTH DAY YEAR 126 HOUR
y be ge 3 Jeath	(TYP)	JOVC	ο Τ.	Andresson	q	27 61 45%
1 87 1	3. SE		4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDA	AY) IF UNDER LYEAR IF UNDER 24 HR
1	VE.	emale	White	7 2 DAY 192'	ÂR 59	MONTHS DAYS HOURS MIN
2 5 2		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COU	INTRY? 8	_ P BALTIMORE CITY OR C	YRS. COUNTY OF DEATH
4 11 3/		COUNTRY)	USA	MARRIED NEVER MARRIE		
4 章 人名子	Mo c	Utah ITY OR TOWN OF DEATH	0 10 11	WIDOWED DIVORCE		12b. KIND OF BUSINESS C
1 2 2	10		(IF NOT IN SUCH FACILITY, GI	VE STREET ADDRESS)	(TYPE OF WORK FOR MOST OF WO	ORKING LIFE) INDUSTRY
5年程 64	914	We de grace	1 Harford M	remorial Hospik	a Secretary	Thiokol
12 84	13a	AL RESIDENCE (1) JULISING HOME OF				P CODE
	4		cil Ris:	ing Sun YES 🛛 NO[St. 21911
1 10/1	ar .	ATHER'S NAME	MIDDLEL	ast Elean		C T L LAST
1 19/3/	1		hillips			Calton
1 2 2 2	169.	WAS DECEASED EVER IN U.S. A	ARMED FORCES? 166 SOCIA	AL SECURITY NO. 17. INFORMANT	ADDRESS	
2 2 2	1	no	548	-34-6426 Clinto	on R. Anderson	(Same as 13)
not the deoth certifu by the attending ph ise remove corbonp i, cremation, or remo ather troumatic ever		Conditions, if ony, which gove rise to immediate couse (b), storing the underlying couse lost.	ATE CAUSE (0)	YSEQUENCE OF MODIC R	tepatitis	
ne low requires to on. has been signed permit. Then ple ene prior to burio my any injury, or	CERTIFICATION	PART 2. OTHER SIGNIFICANT		NG TO DEATH BUT NOT VELATED TO THE	20a AUTOPSY? 20	ION GIVEN IN PART I ID III. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES \(\text{YES} \) NO \(\text{T} \)
ransit Hygie	H H	21g. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c. HOW INJURY (OCCURRED (ENTER NATURE OF INJURY IN	
	1 4	OR CONTRIBUTING CAUSE OF D		TH DAY YEAR		
ding ding Mer	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY	211 LOCATION		COUNTY STATE
G PH orten ord	Z	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY,	OFFICE FARM, ETC) STREET	CITY OR TOWN	COUNTY STATE
DING or off After se os th colth ar		22a I certify that (1) (this has	pital) attended the deceased	l from 19_	to	
A D D D H		saw the deceased alive a	on the same of the same			and hour and from the couses stated
RECTION OF THE OFFI		220 SIGNATURE	not rise the bady after death	DECDE		22c. DATE SIGNED
the horter tocher		Mario L)	6.1. 11.0	ATTENE	DING MEDICAL STAFF	0
SPITAL J by the SPITAL	-	THE PHONE CLAN SHAME THE	CAMINITY AND IT	22e ADDRESS	IAN DIRECTOR PHYSICIAN	7-21-86
A the CALL		SANG II	KIM	3085	Uping Aug. 1	Tours de Grace
of of shoot	23a. I	BURIAL, CREMATION, REMOVA	AL 236. DATE	23¢ NAME OF CEMETERY OR CREMA	TORY 23d LOCATION	MND
BP		Burial	9-30-86	Valley Forge G	CITY OR TOWN	Montgomerf Tale
	24 F	JNERAL DIRECTOR	7-10-00	Dattel Loise G		REGISTRAR'S SIGNATURE
DHMH - 16 60M 7/84 (VRA 15, 4)	2	T. FOARD FUN	EEAL HONE	CISING SUN MA	SEP 2 9 1986	- ALL MALLET 1

440,000 Committee to the committee of the commit The training part of heart and Justin min harron Test CALL STATE AS SELECTED THE CONTRACT OF THE PARTY OF THE P

A Dear Section 17 Think To Bring the Contract of the Contract

-20502	1 -	FOR STATE REGISTRAR			DEPAR	MENT OF H	OF MARYLA EALTH AND A	MENTAL HYG	IENE &	6 REG. NO.	2	2 6	0	7 9
2 0 5 0 Z		CEASED NAME OR PRINT) H	FIRST ENRIE		NDDLE	BARN	ES		20 DATE O	F DEATH M		18-2	868:	appro:
4 may or pog efter de	3. SEX		4.	RACE), tight	5. DATE C		YEAR	6 AGE (IN	rears LAST BIRTH	DAY)	IF UNDER 1		NDER 24 HRS
	(APPLACE (STATE OR FO	DREIGN 7b		VHAT COUNTRY	? 8 MARRIEI	D NEVERA	23		RE CITY OR	COUNTY	OF DEA	TH I	
10	II CI	ryland TY OR TOWN OF DEAT TYPE de Gra		(IF NOT IN SUCH	a IOSPITAL, NURS FACILITY, GIVE STREE NSBURY (T ADDRESS)	Program	VORCED	120 USUAL	arford OCCUPATIO IK FOR MOST OF V Sabled				MD. SINESS OR
(1)	JSU	AL RESIDENCE (IF NURSIN		HER INSTITUTION		RE ADMISSION)	13d. INSIDE C	ITY LIMITS?	13e STREET	ADDRESS / :			210'	18
omplete and 2	FA	George Bon	d	DIE	LAST		15 MOTHER'S Elmi	s maiden nam first .ra Bai	nes	MIDDLE			LAST	
an ond co		VAS DECEASED EVER II VES NO OR UNKNOWN) NO	N U.S. ARME (IF YES GIVE W	AR OR DATES)	218-22-		17 INFORMA Bernic	e Barne	s 104	Stans		Ct.	HDG,1	ſd.
g physicic an paper: remaval event th		18. CAUSE OF DEATH PART I DEATH WA	LEnter only o AS CAUSED B MMEDIATE (BY:	line for (a)	rdiA	c	asy	stal	1		BET	PPROXIMATE WEEN ONSET	INTERVAL AND DEATH
that the death ce desiremance call correction, or b of, cerolica, or b r other traumatic		Conditions, if ony, gove rise to immecouse (o), storing underlying couse	ediote the	DUE TO, OR (b) DUE TO, OR (c)	AS A SEQ	LINCE OF	Ades	arti	ny d	NSIA	n			
equires in signer Then pl r ta bur injury, a	NOI	PART 2 OTHER SIGN	IFICANT CO	nditions <u>co</u>	NTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEAS	E OR CONDI	TION GIV	EN IN PA	RT 110	
The law rician. te has bee ssit permit. giene prio	CERTIFICATION	198 DATE OF OPERAT	ON	196 CONDI	TION FOR WHIC	H OPERATIO	N WAS PERFO	RMED	200 AUTO			YING CA	INDINGS L USES OF D	
SICIAN: T ng physici certificate rrial: transi entol Hygi them 18 sh		710, ACCIDENT WAS UNDE OR CONTRIBUTING CO (IF EITHER, NOTIFY MEDIC)	AUSE OF DEATH	21b. TIME OF HOUR A.A P.A	A. MONTH	DAY YEAR	21c. HOW IN	IJURY OCCURR	RED (ENTERNA	ATURE OF INJURY	IN ITEM 18 P.	ART OR PA	RT 2)	
attendir fiter this os the bu h and Me	MEDICAL	21d INJURY OCCURRI		21e PLACE C	OF INJURY EET, FACTORY, OFFICE	FARM ETC)	21f. LOCATIO STREET		Alena.	CITY OR TOW	7	COUN	ty	STATE
ATTENDITION OSSISTED OF STATEMENT OF USE OF THE OST. OF HE OST. OF THE OST. OF THE OST. OF THE OST. OST. OST. OST. OST. OST. OST. OST.		sow the deceased above, (1) (we) (di	d olive an		19	, on	d that in (my)	(our) opinion (, to death occurre	ed on the dot				
ITAL OR by the h RAL DIR detoche sigte Dep		Jane	m	m	ah	Am)	A	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIA		1	0/21	14

DHMH - 16 60M 7/84

BP.

(VRA 15, 4)

Arnold W. Beard Havre De Grace, Maryland

10-4-86

23b. DATE

230 BURIAL, CREMATION, REMOVAL (SPECIFY)

Burial
24 FUNERAL DIRECTOR

Monhors

23d LOCATION

231 NAME OF CEMETERY OR CREMATORY

St. James United

Hav re De Grace Harford

250 DATE REC'D BY REGISTRAR 255 REGISTRAR'S SIGNATURE

Md.

· Crand

£0

in. integra integra unifice a large array of the control of the co

College and the second second

Alo-- race prouding business. t. E., M.

roll 1--- t. samt transfer arisis to

STATE OF MARYLAND - STATE REGISTRAR REG NO DECEASED NAME KNOWN X TYPE OR PRINTS OF ESTI-**JOHN** BEDWELL DEATH MATED 8-29-8610 - 5EX 4. RACE 5. DATE OF BIRTH & AGE (IN YEARS IE UNDER 1 YR IF UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAY PRONOUNCED 8-29-86, 6:35P 1930 DEAD Male White April 21 56YRS Th CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STATE OR MARRIED NEVER MARRIED X POREIGN COUNTRY) United States DIVORCED Virginia Harford County II. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE! OR INDUSTRY Razorback Ouarry Welder Construction Whiteford NORSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 739 Main Street/1 Pennsylvania Delta York BALTIMORE, MD. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Miller Bedwell Arabella John Wesley 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT IAL SOCIAL SECURITY NO TYES. NO. OR UNKNOWN) Korean War Yes 178-22-7909 Polly A. Bedwell 739 Main St. Delta. PA 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), PART I DEATH WAS CAUSED BY: Gunshot wound of head IMMEDIATE CAUSE (o)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 |0 CERTIFICATION 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? USED MEAD SONLY) DEPARTMENT OF HE 띪 VARDED TO THE PAGE 3 SHOULD B 210. EXTERNAL CAUSE WAS 71b. TIME OF INJURY 211 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH BAY OR UNDERLYING CONTRIBUTING CAUSE OF DEATH self/inflicted 21e PLACE OF INJURY (ATHOME 21d INJURY OCCURRED AT WORK AT WOR STREET, FACTORY, FARM, ETC. CITY OR TOWN Whiteford Maryland Raaorback Ouarry 27a | certify that I took charge of the remains described ab HEAD n ONIAN OSY X NO MEDICAL EXAMINER:
EXECUTE THE CERTIFICAT
PAGE 4 SHOULD BE FOR
TO FUNERAL DIRECTOR:
A FTER DEATH, WITH THE
BALTIMORE, MARYLAND Suicide X death resulted from: Accident Homicide Undetermined monner TITLE (SPECIFY) 8-30-86 M.D. Assistant MEDICAL EXAMINER SKINATURE EXAMINER'S NAME William M. Zane, M.D. 111 Penn Street 230 BURIAL CREMATION REMOVAL 236 DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION 9/2/86 Peachbottom Twp. York, PA Burial Mt. Nebo Cemetery 250. DATE REC'D. BY REGISTRAR 24 FUNERAL DIRECTOR (VR A15 ME (5)) John Harkins 600 Main Street Delta, PA 17314

DHMH - 16 60M 7/B4 (VRA 15, 4) 24 FUNERAL DIRECTOR

Tarring Funeral Home, PA, Aberdeen, MD, 21001-3399

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

SEP 1 1 1008

	£
	0
	9
	ö
	4
0	60
12	5
2	Ĕ
9	24
4	<u>c</u>
X	£
AR	3
2	P
ui	5
S.	×
ž	0
E	ò
A.	0
00	5
10	=
Z	0
0	=
S	9
8	0
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	#
3	ō
0	-
2	9
SQ	5
8	ě
Ü	3
OK.	0
A	be o
=	Si Si
>	A F
0	0 0
Z	Sing
0	HP
15	17.
5	ž°
-	0 0
	E 0
-	I d
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, retained by the hospital or attending physician.
	0 0
	7 4
	P A
	d Sp
	H e
	0 5
	7

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician or should be detached for use as the burial-transit permit. Then please remove carbonopaers. Page with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

8

тоу ре

3 soft decetor page 3

1	FOR		DEPART		OF MARYLAND ALTH AND MENTAL HYG	IENE 8 6	- 1	2 6	1 0
	REGISTRAR			CERTIFIC	CATE OF DEATH	REG. N	0.		
	CEASED NAME	FIRST	MIDDLE	LAS	Т	20 DATE OF DEATH		DAY YEAR	26 HOUR
TITPE	OR PRINT)	REX	(nmn)	BISHO	P	September	15,	1986	8:45
J. 587		4 R	RACE	5. DATE OF		6 AGE (IN YEARS LAST BIR	THDAY)	IF UNDER 1 YEAR	IF UNDER 24
	Male		White		2, 1917 YEAR	68	YRS		HOURS
(RTHPLACE (STATE OF		CITIZEN OF WHAT COUNTRY?	MARRIED.	NEVER MARRIED	9 BALTIMORE CITY			
	rth Caroli		USA	WIDOWED		Harford	Coun		
0 CI	ITY OR TOWN OF DE	ATH 11.	NAME OF HOSPITAL, NURSII		OTHER INSTITUTION	120 USUAL OCCUPAT	ION DE WORKING L		OF BUSINES
	vre de Gra		00 North Earlt		d	Maintenanc	e Sup	r.Md.De	pt.Tra
130 S	STATE	113h COUNTY	ER INSTITUTION GIVE RESIDENCE BEFOR	VN BI	34 INSIDE CITY LIMITS?	113e STREET ADDRESS	ZIP COD	E	
Mar	ryland	Harfo	rd Havre	le Gra¢	es NO	100 North	Earlt	on Road	21078
H FA	ATHER'S NAME	MIDD	DIE LAST	670	IS. MOTHER'S MAIDEN NA	WE		LA	ST
/	James	Land			Bertie	Lou		Bedwell	
	WAS DECEASED EVER	R IN U.S ARMED		URITY NO.	17 INFORMANT	Havr	e⁵ de	Grace, M	d. 210
	10	(IF 123 OIVE WA	218-18-3	630	Mrs.Ida C. B				
	18 CAUSE OF DEA	TH (Enter only o	ine couse par the for (a), (b), or	nd 💪	1/1	1 0		BETWEEN	ONSET AND DE
	PART I. DEATH	WAS CAUSED BY	Y: (and DD	of in	, Nearl	Adelin	,	10	day
NO	gove rise to im couse (o), state underlying cous	ing the	DUE TO, ORAL A CONSEOU	ving	hasema	VINAL DISEASE OR CON	IDITION GI		OYKS
IFICATION	190 DATE OF OPERA	ATION	196. CONDITION FOR WHICH	H OPERATION	WAS PERFORMED	200 AUTOPSY?	Tank IF VE	S, WERE FINDI	100.000
100			The second second second				IN CERT	FYING CAUSES	OF DEATH
CERT	21a ACCIDENT WAS UP OR CONTRIBUTING	CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH D	AY YEAR	21c. HOW INJURY OCCUR	YES NO NO	IN CERT	ES 🗌	OF DEATH
MEDICAL CERTI	OR CONTRIBUTING	CAUSE OF DEATH DICAL EXAMINER) RRED VHILE	HOUR A.M. MONTH D	19	716 HOW INJURY OCCUR 716 LOCATION STREET	YES NO NO	IN CERT Y	ES 🗌	NO [
CERT	OR CONTRIBUTING (IF EITHER NOTIFY MED 21d INJURY OCCUP WHILE NOTIFY AT WORK NOT W AT WORK NOT W Sow the deceo obove. (1) (we)	CAUSE OF DEATH DICAL EXAMINER) RRED WHILE ORK () (this hospital) sed alive an	HOUR A.M. MONTH D P.M. 21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE, Quended the deceased from	FARM ETC)	71f LOCATION STREET . 19 47 hat in (my) (our) opinion	YES NO S RED (ENTER NATURE OF INJU	IN CERT Y RY IN ITEM 18	PART LORPART 21 COUNTY	SOF DEATH NO STA
CERT	OR CONTRIBUTING THE EITHER NOTIFY MED 21d INJURY OCCUP WHILE NOT WALL AT WORK AND AND 270 I certify that (I sow the deceo above, (I) (we)	CAUSE OF DEATH DICAL EXAMINER) RRED VHILE ORR I) (this hospital) sed alive on (did) (did not ivi)	HOUR A.M. MONTH D. P.M. 21e PLACE OF INJURY LAT HOME STREET FACTORY, OFFICE. attended the deceosed from ewith body office death.	FARM ETC)	THE LOCATION STREET That in (my) (our) opinion EGREE ATTENDING PHYSICIAN	YES NO S RED (ENTER NATURE OF INJU	IN CERT Y	PART LORPART 21 COUNTY	STA that [I] (we couses state SIGNED
CERT	OR CONTRIBUTING THE EITHER NOTIFY MED 21d INJURY OCCUP WHILE NOT WANTE AT WORK 270 I certify that (I sow the deceo above, (I) (we)	CAUSE OF DEATH DICAL EXAMINER) RRED WHILE ORK () (this hospital) sed alive an	HOUR A.M. MONTH D. P.M. 21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE, attended the deceosed from ewith body office death.	FARM ETC)	71f LOCATION STREET And in (my) (our) opinion EGREE	YES NO RED CENTER NATURE OF INJU	IN CERT Y RY IN ITEM IB	COUNTY 19 SQ ut and from the	STA that III (we couses state SIGNED
MEDICAL CERT	OR CONTRIBUTING CIFETHER NOTIFY MEE 21d INJURY OCCUP WHILE NOT W AT WORE AT W 220 I certify that (I Sow the deceo above, (I) (we) TY SE NATURE Dudley BURIAL, CREMATION	CAUSE OF DEATH DICAL EXAMINER) RRED ORK I) (this hospital) sed olive on (did) (did not vii PAME ITPE OF PRI Phillip	HOUR A.M. MONTH D. P.M. 21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE. attended the deceosed from the body office death. 19 OS, M.D.	FARM ETC)	THE LOCATION STREET ATTENDING PHYSICIAN THE RESTREET ATTENDING PHYSICIAN THE RESTREET THE RESTREE	YES NO RED CENTER NATURE OF INJU	IN CERT Y RY IN ITEM IB	COUNTY 19 SQ ut and from the	STA that III (we couses state SIGNED
MEDICAL CERT	OR CONTRIBUTING THE STATE OF TH	CAUSE OF DEATH DICAL EXAMINER) RRED ORK I) (this hospital) sed olive on (did) (did not vii PAME ITPE OF PRI Phillip	HOUR A.M. MONTH D. P.M. 21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE, attended the deceosed from ew The body office death. 25 M.D. 23c M.D.	PARM ETC) PARM ETC) NAME OF CE	THE LOCATION STREET THOU IN (my) (our) opinion EGREE ATTENDING PHYSICIAN THE ADDRESS MASONIC Bldg METERY OR CREMATORY	YES NO NO RED CENTER NATURE OF INJUNCTION OF TO SEATON OF THE PHYSIC OF	IN CERT Y RY IN ITEM IB ON One and ha	COUNTY 19 SQ ut and from the	that III (we couses state
230. E	OR CONTRIBUTING THE PROTECTION OF CONTRIBUTION OF COLUMN AND COLUM	CAUSE OF DEATH DICAL EXAMINER) RRED VHILE ORN II (this hospitol) sed olive on Idid) (did not vii PAME ITTPE OR PRI Phillip I, REMOVAL Z S S S S S S S S S S S S S S S S S S	HOUR A.M. MONTH D. P.M. 21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE, attended the deceosed from ew The body office death. 25 M.D. 23c M.D.	PARM ETC) PARM ETC) NAME OF CE	PHYSICIAN STREET ATTENDING PHYSICIAN STREET PARTICIPAN STREET ATTENDING PHYSICIAN STREET PARTICIPAN STREET ATTENDING PHYSICIAN STREET AT	YES NO RED CENTER NATURE OF INJUDENT COLOR OF THE COLOR O	IN CERT Y RY IN ITEM IB ON MO Har 25b. REGIS REGIS	COUNTY 19 SQ. ut and from the 22 QATE 21034	that III (we couses state SIGNED

	1				MARYLAND		2611	8 5
	1.	FOR STATE		EPARTMENT OF HEALT			En O	
00-1946	3	REGISTRAR		DICAL EXAMINER'S		RE	G. NO.	11
		ECEASED NAME YPE OR PRINT) FIRST	ARY G	MIDDLEGLEN	BLANKENSH	IP 20 DATE KNOW	VN MONTH DAY	YEAR 26 HOUR
LES SE	L	LAE9	91en		leustrop	JR. OF ESTI	D 7 26 19	16 9pm M
当日 支援	3 81	X 4 RACE	5 DATE OF BIRTH		UNDER 1 YR. IF UNDER	24 HRS. 2c. DATE MIN PRONOUNCED	MONTH DAY	YEAR 2d HOUR
PAY,	11	MW	107	26 59 YRS.	NINS DATS HOURS	DEAD	9 29 19	16/p M
ASSAL SSAL		BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHA	AT COUNTRY?	RIED NEVER MARRI	9. BALTIMORE C	ITY OR COUNTY OF DEA	TH
NECESSARY, PLEASE FUNERAL DIRECTOR. E. S. FOR YOUR FILES. D, WITHIN 72 HOURS PRESTON STREET.	4	VA	U.	114	WED DIVORCE	-44	FORD	MD.
	10.0	CITY OR TOWN OF DEATH		ITAL, NURSING HOME, OR O'	THER INSTITUTION	120 USUAL OCCUPATION FOR MOST OF WORKING LIF		OF BUSINESS IDUSTRY
DELAY STOTH PAGE PAGE PAGE PAGE PAGE PAGE PAGE PAGE	1	cage wood	633	Longwood	d Ct	H. carre	es every	~
// E / (7 - E / SA)		STATE 136 COU	OR OTHER INSTITUTION, GIVE	13c. CHAOR IOWN	13d. INSIDE CITY LIMITS?	13. STREET ADDRES 63	3 Longwood C	t.
to destroy		HA HI	an Forn	casewood	YES NO IN	as as		21040
MO. H. S. S. F. S.	7 14.1	FATHER'S NAME	MIDDLE	LAST	15 MOTHER'S MAIDE	N NAME MIDDLE	LAST	
EST EST	1			ankenship, Sr.	Vira	Estell.		ens
IMORE, FR DEA!	/ 16n.	WAS DECEASED EVER IN U.S. A	RMED FORCES?	16h SOCIAL SECURITY NO.		vin W.Blanke		ider Dr.
BALTIMORE, RS AFTER DEAT S. GIVE PAGES I. PAGES DIVISION	/ -	es	WWII	224-24 171			XXXXXXX Balt	o.Md.
WIT PA	1	18 CAUSE OF DEATH (Enter of		or (a), (b), and (e)		4	APP 2	1220 IERVAL
ON ST., B. 24 HOURS 24 HOURS LONG WIT PERMIT. P. GIENE, DIV		PART I DEATH WAS CAUS	ED BY:	COMO	ABAH H	least D	18C 42 BETWEEN	NONSET AND DEATH
TON S 24 HC LONG TPERN GIENE		IMMEDI	ATE CAUSE (o)	AS A CONSEQUENCE OF	1		J. C. 4	
V. PRESTON WITHIN 24 H WOIL IN ITEM NOCI, IN ITEM RANGIR ALON RANSIT PER ITAL HYGIEN		Conditions, if any, which			411	10		
W. W. F. W. M. W.		gove rise to immediate couse (a) stating the under		AS A CONSEQUENCE OF	11.000			
RDS, 201 W. PRESTON ST., E EXECUTED WITHIN 24 HOURS NG" IN PENCIL IN ITEM 18. C CAL EXAMINER ALONG WI 1 AND MENTAL HYGIENE, DI 1 AND MENTAL HYGIENE, DI WATION, OR REMOVAL.	13	lying couse lost.	DOL 10, OK A	SA CONSEQUENCE OF				
S. 2 S. 2 S. 2 S. 2 S. 2 S. 2 S. 2 S. 2	143	PART 2 OTHER CICNIFICANT CONDITION	(c)	UT NOT RELATED TO THE TERMINAL DISE.				
NL RECORDS, 201 V ULD BE EXECUTED "PENDING" IN PE FE MEDICAL EXAN SED AS A BURIAL." FIRALTH AND MEI AL, CREMATION, C	Z		CONTRIBUTING TO CEASE	OL HOL KECKLED TO THE TERMINAL DISE	ASE OR CONDITION GIVEN IN PAR	(1 ic).		
RECO LD BE I PENDI MEDI AEATH CREA	CERTIFICATION	190. DATE OF OPERATION	196 CONDITI	ON FOR WHICH OPERATION	WAS PERFORMED?		20 AUT	OPSV2
SHOULD ORD "PE CHIEF N E USED A TOF HE	7 2							
OF VITAL ATE SHOU E WORD " THE CHIEF ID BE USE WENT OF I	4 5	210. EXTERNAL CAUSE WAS	21b. TIME OF	INTURY Int	HOW IN ILIPY OCCUPRE	O LENTER NATURE OF INJURY IN I		□ NO □
DIVISION OF VITAL RE 1 THIS CERTIFICATE SHOULD F. WRITING THE WORD "PER RACE 3 SHOULD BE USED A STATE DEPARTMENT OF HEA 5, 21201 PRIOR TO BURLAL.			HOUR A.M.	MONTH DAY YEAR	TIOW INJOKT OCCORRE	D TEMES HATORE OF MOOK! HE	EM TO PART TORPART 2)	
CERTIFICATION TING TO SEPARA	MEDICAL	CONTRIBUTING CAUSE OF	P.M.	FINJURY (ATHOME. 121f L	OCATION			
DIVISION IS CERTIFIC RRITING TH RADED TO GE 3 SHOU ITE DEPART	ME	WHILE NOT WHILE		DRY, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY	STATE
DI THIS (E, WRI RWARD RWARD STATE:	43	AT WORK AT WORK						
L EXAMINER: E CERTIFICATE DUID BE FOR, I. DIRECTOR: I WITH THE S	43	220. I certify that I took cho	rge of the remains descri	ribed obove, held on Auto	psy . Inspection	Inquiry .	ond in my opinion	
MAN JEIGH		death resulted from: Not	urol couses,	Accident , Suicide	, Homicide ,	Undetermined monner		
EXA CERT UID DIRE	S	W. H.	6	//	TITLE (SPECIFY)		A 2	a w
A H P P P P P P P P P P P P P P P P P P		ACTUAL SIGNATURE	7	any	MD Reports	MEDICAL EXAMINER	DATE SIGNED	4-76
MEDICAL CUTE THE SE 4 SHO FUNERAL ER DEATH	5	EXAMINER'S NAME		Poulas	0 106 V	allian	ir of	d. C
TO MEDICAL E EXECUTE THE O POGE 4 SHOU PACE 4 SHOU AFTER DEATH, BALLIMORE, M	\leq	(TYPE OR PRINT)	Ils R	reciger	_ADDRESS	cerrace	0, 01	4)
5247548	23e.	BURIAL, CREMATION, REMOVAL		23c. NAME OF CEMETERY		23d. LOCATION	COUNTY	STATE
07/84 BP		Burial	Oct.1,1986	Oakwood Ceme		Pulaski	Pulaski	Va.
25M DHMH - 17	24.	FUNERAL DIRECTOR	ADDRESS			EC'D. BY REGISTRAR 25h	REGISTRAR'S SIGNATURE	
(VR A15 ME (5))		Howard K. McCor	nas III, Ab	oingdon, Md. 21	LOUS SED O	0.4000		



a self-amountaining that you ? 31

DHMH - 16 60M 7/B4 (VRA 15, 4)

John Harkins 600 Main Street Delta, PA 17314

250 DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE
SEP 1 7 1986

19362	1-	FOR STATE REGISTRAR		DEPART	MENT OF HEA	F MARYLAND LITH AND MENTAL HYG ATE OF DEATH	IENE B O	2 6 0	8 /
nay be page 3		OR PRINT)	illard	MIDDLE	uche	MAN	Septemb	Per 191986	26. HOUR/O TAM
s offer p	3. SE)	Male	4. RACE Blace	-k	S. DATE OF MONTH	5,1916	6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER I YEAR MONTHS DAYS	HOURS MIN.
perol direction of the state of	70. BI	RIMPLACE (STATE OR F OUNTRY) ryland		OF WHAT COUNTRY?	2 8	NEVER MARRIED		R COUNTY OF DEATH	MD.
by the fur		rvre de Gi	TH 11. NAME OF NOT IN	OF HOSPITAL, NURSIN	NG HOME OR		120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O	ION DE WORKING LIFE) 126. KIND OI INDUSTRY	F BUSINESS OR
1 135	13a S	AL RESIDENCE (IF NURS) STATE ryland	13b COUNTY Harford	13c. CITY OR TOW Aberdeen	VN 113	Id. INSIDE CITY LIMITS?	13e.STREET ADDRESS	ZIP CODE	1
1/2/	I4 FA	Raymond	MIDDIE	Buchanan	15	Eda	ME MIDDI E	Bucha	
Poper I	160 V		IN U.S. ARMED FORCES (# YES, GIVE WAR OR DATES N/A	9 166 SOCIAL SECU		orothy Bucha	ADDRI	ESS	nan -
quires that the death certining and against by the attending at the plante remove caloning the transition of any and the transition.	NO	Conditions, if any, gave rise to imm couse (a), stating underlying cause	which mediate g the lost.	OR AS A CONSEOU	Core	OT RELATED TO THE TERM	INAL DISEASE OR ON	DILIDAKEINEM IA BABTI 190	holizen
he be be	CERTIFICATION	19a DATE OF OPERAT	TION 196 COM	NDITION FOR WHICH	OPERATION	WAS PERFORMED	200 AUTOPSY?	206 IF YES, WERE FINDIN IN CERTIFYING CAUSES YES [GS USED OF DEATH?
HYSICIANS Interest physics I		21a, ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRI	CAUSE OF DEATH CALEXAMINER) RED 21e PLACE	E OF INJURY A.M. MONTH D P.M. CE OF INJURY	19	II. LOCATION	ED (ENTER NATURE OF INJU		STATE
OR ATTENDING PHYSICIAN The hospital or otherding physicians of the this centrican strated for use as the busicifican. Dept. of Health and Merital Physicians of Health and Merital Physicians of Health and Merital Physicians	MEDICAL CER	OR CONTRIBUTING COLOR CONTRIBUTING COLOR CONTRIBUTING COLOR	CAUSE OF DEATH CALEXAMINER) RED 21e PLAC (AT HOME	A.M. MONTH D P.M. CE OF INJURY . STREEL FACTORS OFFICE.	FARM, ETC.) FARM, ETC.) DE	IL LOCATION SIREE 19 6 that in (my) (our) opinion of GREE ATTENDING 1	CITY OR TO	OWN COUNTY	
D HOSPITAL OR ATTENDING PHYSICIAN T trained by the helpitud is attending physics O RUNHAL DIRECTOR, after this certifician though be detrathed by use as the businefrom thin the Sorie Dept. of Health and Merital Physic APORTANT, If them 21 is morked as Remit Physics		OR CONTRIBUTING COLOR CONTRIBUTING COLOR CONTRIBUTING COLOR	CAUSE OF DEATH CALEXAMINER) RED 21e PLAC (A1 HOME (the housing) of the dod did the notion of the bo	A.M. MONTH D P.M. CE OF INJURY STREET, FACTORY OFFICE, I The deceased from pody after death.	FARM, ETC.) FARM, ETC.) FARM, ETC.) DE	IL LOCATION SIREE 19 6 that in (my) (our) opinion of GREE ATTENDING 1	CITY OR TO	own COUNTY 19 86, of the ord from the ord f	that (I) (we) last royals stated
01 02 13	WEDICAL	OR CONTRIBUTING CITE CHIEF MOTHY MEDIC 21d INJURY OCCURR NOT WHITE AND THE CONTRIBUTION OF THE CONTRIBUTIO	CAUSE OF DEATH CALEXAMINER) RED 21e PLAC (AI HOME The house and offered a	A.M. MONTH D P.M. CE OF INJURY CE OF INJURY I the decoded from body after death.	FARM, ETC.) FARM, ETC.) FARM, ETC.) PARM, ETC.) RAME OF CEM	That in (my) (our) opinion of CREE ATTENDING PHYSICIAN	enter nature of inju	own COUNTY 19 86, of the ord from the ord f	that (I) (we) last courses stated

William E. Johnson 8521 Loch

(VRA 15, 4)

or has a select the last and the most skett Simple . Cu .offe BUTCH STATE OF STATE

dream, to yearn, suddies of societies will be son

20344	1-	FOR STATE REGISTRAR	DEP	STATE OF MARYI ARTMENT OF HEALTH AND CERTIFICATE OF	MENTAL HYGIENE	6 6 2 REG. NO.	6 0 8 7
20044		CEASED NAME FIRST	MIDDLE	LAST / /	2a. D.	ATE OF DEATH MONTH	DAY YEAR 26. HOUR
0 00		JRec .	L R	Butle	e R	Sept- 30	1986 11:57m
2 4	3. SE	•	4. RACE	5. DATE OF BIRTH	YEAR 6 AG	E (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
age of the control of	1/	Male	White	7 24	1931	55 YRS	
727	9	Pa.	76. CITIZEN OF WHAT COUN USA	MARRIED X NEVER	MARRIED U	Har for J	OF DEATH MD.
Med with	A11	TY OR TOWN OF DEATH	II NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE	URSING HOME OR OTHER IN: STREET ADDRESS) Mcmarial	. / (TYPE	SUAL OCCUPATION OF WORK FOR MOST OF WORKING LIF Ofer/Siding	
of the factor	13a S	AL RESIDENCE (IF NURSING HOME OR TATE 136, COUN	OTHER INSTITUTION GUE RESIDENCE	BEFORE ADMISSION)	CITY LIMITS? 130.ST	REET ADDRESS / ZIP CODE	
4	IN FA	THER'S NAME			S'S MAIDEN NAME		
11/1	N	Fred	But.	ler /	Anna	MIDDLE	Pfister
2 2 2		VAS DECEASED EVER IN U.S. AR	F WAR OR DATES)	SECURITY NO. 17 INFORM		ADDRESS	0 41
2 1/		no			da Hull	Same as 1	
3		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE) IMMEDIAT	ly one couse per line for (0), (D BY E CAUSE (0)	led respect	ctory	anest	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		Conditions, if any, which	DUE TO, OR BACONS		1 der	morrhes.	Z
by the common other tre	-	gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS JEONS	toward -	Lema	tion	
They ple to burio	NO	PARLY OTHER SIGNIFICANT O	CONTRIBUTIONS CONTRIBUTION	TO DEATH BUT NOT RELATE	D TO THE TERMINAL D	DISEASE OR CONDITION GIV	EN IN PART Ito
tone been designed on the prior	7 THICK	196 DATE OF OPERATION	196 CONDITION FOR	RICH OPERATION WAS PERF	THE RESIDENCE	IN CERTIF	S, WERE FINDINGS USED YING CAUSES OF DEATH? S NO
although and the party of the p	AL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH	DAY YEAR	NJURY OCCURRED (E	NTER NATURE OF INJURY IN ITEM 18 P	PART 1 OR PART 2)
the but and Me	MEDIC	21d. INJURY OCCURRED	21e PLACE OF INJURY	211 LOCAT		CITY OR TOWN	COUNTY STATE
Off. Aft. Health In mort		220.1 certify that (I) (this hospit	tol) oftended the decensed f	Dr-W	19 85 , to	occurred on the date and hou	19_35, that (I) (we) lost
RECT per of per of		obove, (I) (wer did) (rip no	t) view the body after death.	DEGREE	, , (SS,) Opinion Scott	activity on the gole ond hou	73L DATE SIGNED
date De los De La	,	13/ h	we Or 1 -		PHYSICIAN DIRE	CTOR PHYSICIAN	1/30/10
TO FUNERAL should be deto with the State MPORTANT, I		224 PHYSICIAL GNAME (TYPE O	AWD M.D.	319 So ADDRE	lia for	. Hoone DE	annet
223 34		SURIAL, CREMATION, REMOVAL	23b. DATE	230 NAME OF CEMETERY OR	CREMATORY 23	LOCATION CITY OF LOWN	COUNTY STATE
		Burial	10-4-86	Oxford Ceme		xford Che	ster Pa.
H - 16 60M 7/8	24 Ft R .	T. Foard Fun	ADD II		DAT O	8 1986	RAR'S SIGNATURE
(**************************************		u rum	crar nome	Rising Sun,	Mar de l	0 1000	

S NAME FIRST CEASED EVER IN U.S. AF SRUNKNOWN) (IF YES, GT WW. USE OF DEATH Enter or RT I. DEATH WAS CAUSE	A RACE WHIT Th CITIZEN OF WH U. S 11. NAME OF HO (IF NOT IN SUCH F) WINTY MODIE AMUEL RMED FORCES? IVE WAR OR DATES) 2	AL STITUTE OF TOWN ALAST BYERS B. COUNTRY? B. M. WIE SPITAL, NURSING HO ACILITY, GIVE STREET ADDITE LAST BYERS B. SOCIAL SECURITY I	13d. INSIDE CITY LIMITS YES MO 15. MOTHER'S MAIDEN PRIST	Harford 170 USUAL OCCUPATION (1) YEAR OF WORK FOR MOST OF OFFICER 2 130 STREET ADDRESS / 411 KOBFRTS	PRODE	KIND OF BUSINESS JUSTRY S ARM !
BERGEN ACE (STATE OR FOREIGN VYANIA TOWN OF DEATH LONGE IF NURSING HOME OF LAND BNAME FIRST VIUMM CEASED EVER IN U.S. AF OR UNKNOWN) LUSE OF DEATH LENTER OURT I. DEATH WAS CAUSE URT I. DEATH WAS CAUSE	A RACE WHIT Th CITIZEN OF WH U. S 11. NAME OF HO (IF NOT IN SUCH F) WINTY MODIE AMUEL RMED FORCES? IVE WAR OR DATES) 2	HAT COUNTRY? B. M. WIE SPITAL, NURSING HO ACILITY, GIVE STREET ADDRES YE RESIDENCE BEFORE ADMIS SCITY OR TOWN HAST BYPES BYPES B. SOCIAL SECURITY I	ARRIED NEVER MARRIED NO NEVER	9. BALTIMORE CITY OF HATO CA 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF (TYPE OF WORK FOR MOST OF PER CAPACITY 130 STREET ADDRESS / HI KOBERTS NAME ADDRES ADDRES	YRS R COUNTY OF DE ON F WORKING LIFE 176. ZIP CODE /	ATH KIND OF BUSINESS USTRY ARM V
ACE (STATE OR FOREIGN) VANIA TOWN OF DEATH DENCE IF NURSING HOME OF ITALIAN BY LUAM CEASED EVER IN U.S. AF OR UNKNOWN) WUSE OF DEATH LENTER OURT I. DEATH WAS CAUSE URT I. DEATH WAS CAUSE USE OF DEATH LENTER OURT II. DEATH WAS CAUSE URT I. DEATH WAS CAUSE	A RACE WHIT Th CITIZEN OF WH U. S 11. NAME OF HO (IF NOT IN SUCH F) WINTY MODIE AMUEL RMED FORCES? IVE WAR OR DATES) 2	HAT COUNTRY? B. M. WIE SPITAL, NURSING HO ACILITY, GIVE STREET ADDRES YE RESIDENCE BEFORE ADMIS SCITY OR TOWN HAST BYPES BYPES B. SOCIAL SECURITY I	ARRIED NEVER MARRIED DIVORCED	9. BALTIMORE CITY OF HATO CA 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF (TYPE OF WORK FOR MOST OF PER CAPACITY 130 STREET ADDRESS / HI KOBERTS NAME ADDRES ADDRES	YRS R COUNTY OF DE ON F WORKING LIFE 176. ZIP CODE /	ATH KIND OF BUSINESS USTRY ARM V
TOWN OF DEATH CONTROL IF NURSING HOME OF THE NURSING HOME OF DEATH LENTER OF DEATH LENTER OUT OUT OF THE NURSE OF DEATH LENTER OUT	The CITIZEN OF WHE II. NAME OF HOME OF OTHER INSTITUTION ON NITY ADDIE AMUEL RMED FORCES? IVE WAR OR DATES) 2	A. WIE SPITAL, NURSING HO ACILITY, GIVE STREET ADDRES CITY OR TOWN BY TO SOCIAL SECURITY I	DOWED DO DIVORCED DIME OR OTHER INSTITUTION SS) 13d INSIDE CITY LIMITS YES A NO 15. MOTHER'S MAIDEN FIRST	Harford 170 USUAL OCCUPATION (179E OF WORK FOR MOST OF OFFICER ? 13e STREET ADDRESS / HI ROBERTS NAME ADDRES ANN	YRS R COUNTY OF DE. ON P WORKING LIFE 1756. ZIP CODE /	KIND OF BUSINESS USTRY S ARM 9
TOWN OF DEATH CONTROL IF NURSING HOME OF THE NURSING HOME OF DEATH LENTER OF DEATH LENTER OUT OUT OF THE NURSE OF DEATH LENTER OUT	MIDDLE AMED FORCES? NE WAR OR DATES) 11. NAME OF HOW (IF NOT IN SUCH PLANT GOVERNMENT) AMDRIE AMUPL RMED FORCES? NE WAR OR DATES) 2	SPITAL, NURSING HOLACILITY, GIVE STREET ADDRESS CITY OR TOWN LAST BYERS BYERS B. SOCIAL SECURITY I	DOWED DO DIVORCED DIME OR OTHER INSTITUTION SS) 13d INSIDE CITY LIMITS YES A NO 15. MOTHER'S MAIDEN FIRST	Harford 170 USUAL OCCUPATION (179E OF WORK FOR MOST OF OFFICER ? 13e STREET ADDRESS / HI ROBERTS NAME ADDRES ANN	ON 12b. F WORKING LIFE) IND	KIND OF BUSINESS JUSTRY S ARM !
DENCE IF NURSING HOME OF NURSING HOME OF DEATH IE THE TO THE TENTER OF UKS. AF THE TOTAL OF THE	MEDDLE MEDDLE	SPITAL, NURSING HOACHTY, GIVE STREET ADDRES VERESIDENCE BEFORE ADMIS COLTY OR TOWN BERLES BYERS B. SOCIAL SECURITY I	DIME OR OTHER INSTITUTION SS) LOSO DE LA SISSIONI 13d. INSIDE CITY LIMITS YES A NO I 15. MOTHER'S MAIDEN FIRST	170 USUAL OCCUPATION OF PICE REPORT OF PICE R. 130 STREET ADDRESS / HI KOBERTS NAME ADDRESS	F WORKING LIFE) IND . U	OOI
DENGE IF NURSING HOME OF LAND HAR STAND HAR ST	MEDDLE MEDDLE	ACILITY, GIVE STREET ADDRES WMMOTIC VERESIDENCE BEFORE ADMIS VERESIDENCE BEFORE ADMIS VERESIDENCE BEFORE ADMIS VERESIDENCE BEFORE ADMIS VERESIDENCE BEFORE BY B	13d INSIDE CITY LIMITS YES A NO 15. MOTHER'S MAIDEN FIRST THE PROPERTY OF THE PLANT OF THE P	? 13e STREET ADDRESS / 411 KOBERTS NAME ADDRESS / ADDRESS / 411 KOBERTS NAME	F WORKING LIFE) IND . U	OOI
DENGE IF NURSING HOME OF LAND HAR S NAME FIRST WAM CEASED EVER IN U.S. AF OR UNKNOWN) (IF YES, GI	MIDDLE AMUFL RMED FORCES? IVE WAR OR DATES)	BYERS BYERS B. SOCIAL SECURITY I	13d INSIDE CITY LIMITS YES MO 15. MOTHER'S MAIDEN PRIST	PANE TO THE PROPERTY AND PARE TO THE PROPERTY AND PARE TO THE PANE TO THE PARE THE PARE TO THE PARE TH	ZIP CODE /	1001 1 LIAST
CAND HAR S NAME SINGLE STREET SULUMM CEASED EVER IN U.S. AR SUNKNOWN) SUSE OF DEATH (Enter or IRT I. DEATH WAS CAUSE RT I. DEATH WAS CAUSE	MIDDLE SAMUEL RMED FORCES? 16 VIE WAR OR DATES) 2.1.4.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.	BYERS BYERS B. SOCIAL SECURITY I	YES MO I	NAME ANN	WAY /21	LAST
CEASED EVER IN U.S. AR SEUNKNOWN) (IF YES, GI	SAMUEL RMED FORCES? 16 IVE WAR OR DATES) Z J J Z		MARY	ANN		1 LAST
CRUNKNOWN) (IF YES, GI	RMED FORCES? 16		NO 12 INFORMANT	ADDE		MEYERLY
USE OF DEATH (Enter of	ZII 2		IV INTORMATO			7.10
RT I. DEATH WAS CAUSE		12-38-837	5 W. P. BYERS, 2	237 BONUM RID		
	ED BY ATE CAUSE (0)	acute	myocardie	I interes	from	APPROXIMATE INTERVAL METWEEN ONSET AND DEA
litions, if any, which rise to immediate e (a), stating the	(p)	S A CONSEQUENCE	restro C	ardibuaso	ular a	Iscacs
rlying couse lost	(c)		-			
acuto 7	renow	failure	H BUT NOT RELATED TO THE TI	PRIMITAL DISPASE OF CONE 200 AUTOPSY? YES NO	ATTE DU	A NO NO CAUSES OF DEATH?
			YEAR 216 HOW INJURY OCC	CURRED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR	PART 2)
		INJURY	19 211 LOCATION			
NOI WHILE I				CITY OR TOV	VN COL	UNTY STATE
	oitol) ottended the d	deceased from		, to	. 19	, that (I) (we)
	ot) view the body oft	19	ond that in (my) (our) opin	ion death occurred on the do	te and hour and fr	om the couses stoted
CAZED 1	15	10.8	DEGREE ATTENDING	G MEDICAL STAF		c. DATE SIGNED
SANGTI	II. KII	M	30 S	Union Ave	Have	de Grac
	L 23b. DATE	23c. NAME	OF CEMETERY OR CREMATOR	RY 23d LOCATION	1 cons	MUDI
	90/3/86	ARLIN	ISTON NATIONAL	ARLINGTON.	ARLINGTO.	1 / 1 . 1
			250	DATE REC'D. BY REGISTRAR		- NATURE
A O EI C EI C	CREMATION, REMOVA	ACCIDENT WAS UNDERLYING 718. TIME OF I HOUR A.M. P.M. INTHER NOTIFY MEDICAL EXAMINER) NJURY OCCURRED AT WORK Certify that (1) (this haspital) attended the cow the deceased alive on 1000 the deceased of the cow the deceased of the d	ACCIDENT WAS UNDERLYING 71b, TIME OF INJURY DAY NOT HELDER NOTIFY MEDICAL EXAMINER) 71e, PLACE OF INJURY TAIL HOW STREET, FACTORY, OFFICE, FARM, E TAIL HOW STREET,	ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 19 21c HOW INJURY OCCUPANT MEDICAL EXAMINER) 21b. TIME OF INJURY 19 19 19 19 19 19 19 1	ACCIDENT WAS UNDERLYING 21b, TIME OF INJURY HOUR A.M. MONTH DAY YEAR 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY INDURED 21b, PLACE OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 19 10 19 10 19 10 10	ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 21c HOW INJURY OCCURRED ENTER NATURE OF INJURY IN TIEM 18 PART FOR STREET 10c ATION 10c ATION

The state of the s

STATE OF MARYLAND

The state of the s

The state of the s

AND THE RESERVE TO A PROPERTY OF THE PARTY O

										MARYLAN			0.4				
			FOR STATE				DEPART	MENT OF	HEALT	H AND M	ENTAL H	YGIENE	8 6		2 6	4 .	1 0
nn.	-1935		REGISTRAR			ME	DICAL	EXAMIN	IER'S	CERTIFIC	CATEO	F DEAT	H	REG. NO.	- 0	U ;	7 %
0 0	1000		CEASED NAME				WIDDLE			LAST		20	DATE KN	OWN 😾	MONTH DA	Y YEAR	2b HOU
	% ~ .	(TYP)	E OR PRINT}	Va	aughn		Lyle		C	ook			OF E	ATED	9/23	1986	12 a
	PLEASE RECTOR. R FILES. HOURS STREET,	3. SEX		4. RACE	5. D	ATE OF BIRTH		6. AGE (IN Y		NDER 1 YR.	IF UNDER	24 HRS 26	DATE		MONTH DA		2d 156
	STEC		*.6	7.7		DAY DAY	YEAR	LAST BIRTHO		HS DAYS	HOURS	MIN PR	RONOUNCE	D	0.100	0.00	30
	NA N	7. 01	RTHPLACE (ST	ATE OF	75.0	25 CITIZEN OF WI	22		RS.			0		E CITY OR	COUNTY OF	3 1986	ILZa /
•	SA SERVICE		REIGN COUNTRY)	NC		USA	IAI COOK	IKIT	WIDO	NED NE	VER MARRIE DIVORCE				County		M
14	的生活の	10 CI	TY OR TOWN	OF DEATH		NAME OF HOS			E, OR OT	HER INSTITU	TION		LOCCUPAT	ION (TYPE O	FWORK 12b 1	CIND OF BU	ISINESS
2001	SERE TO	F	allsto	n		Fallst							ST OF WORKING		entIn		
10 40	85 2 5 5	USUA	L RESIDENCE	IF IN NURSING		ER INSTITUTION, GI	VE RESIDENCE	BEFORE ADMISS	ION)								
21201	39488	13a. S	MD		arfor	-2		OR TOWN		YES T	and a		T ADDRESS			Air	
	= S = A = A = A = A = A = A = A = A = A	14 54	THER'S NAME	II	arior	.u	l be	LAIL			NO X		/ Gra.	ton s	Shop Ro	20 21	014
WD	目→多ところ	- 3	FIRST		MID	DDLE		LAST		F	ER'S MAIDE	NNAME	MIDDI	,E		LAST	
ORE	GEE		Jõhn					tooth		Iel	a				Dan	well	
N.	VE PA VE PA VE PA VE PA VE PA SION	16a. V	VAS DECEASED	WN) (IF YES	S. ARMED I S. GIVE WAR O		16b. SOC	IAL SECURI	Y NO.	17 INFORA				ADDRESS			
BALTIMORE	JRS AFTER 3. GIVE PA WITH FOR DIVISION	_ye	es/Navy		WII		242	14 85	83	Magd	alena	Cool	k, Wif	e sa	me as	abo	ve
			18 CAUSE O	DEATH (En	ter anly and	e cause per line	facility (b)	ond (c),)		11-0	1	1'-		-	F	APPROXIMATE TWEEN CASE	PUTERYCAL
PRESTON ST	PERMI SIENE, VAL		PARTIDE	ATH WAS CA	EDIATE CA	AUSE (a)	OR	INAL	2/	TEN	014	1SE	186				-
070		-3	THE S		(DUETO, OR	AS A CON	SEQUENCE	of	~			11/05/0		12 1		
2	THIN ER A NNSIT NNSIT NE HY	-3		s, if any, v				H5	11	D					201		
× .	AND	7		e to imme stating the u		DUE TO: OF	AS A CON	SEQUENCE	OF.	-							111111
201		-	lying cau	se last.	- 1												
	XECUTE VG" IN SAL EXA BURIAL AND M	- 3	PART 2 OTHER SIG	NIEICANT CONO	ITIONS CONTR	IBUTING TO DEATH	SHT NOT BELL	TEO TO THE TER	ATNO LANGE	OLITIONO / GO 3	N CWEN IN AAR						_
DIVISION OF VITAL RECORDS.	WEV - TS	z	THE COURT OF		THOM S COMIK	BOTHO TO DEATH	OUT NOT REEP	TEO TO THE TERM	MINAL VIDEA	SE OK CONDITION	N GITEN IN PAR	1 1 (0)					
REC	AS A S A CRE	CERTIFICATION	19g. DATE OF	OPERATION		TIBL CONDI	TION FOR	WHICH OPE	PATIONIA	/AC DEDECOR	MED2	_			Ina	ALLEGOROUS	
¥.	SHOUL CHIEF F USE TOF H	5	IN. DAILE OF	0. 5		I'm CONDI	HOIVIOR	Willett Of Et	(Alloit t	YASTEKTOK	MED:				20	AUTOPSY:	
2	- A S - S - S - S - S - S - S - S - S -	RT	21a EXTERNA	L CATISE VAL	A C	216 TIME OF	I I I I I I I		100							YES 🗌	NO 🗌
O	ANEN PER WENT THE WENT THE WENT TO	C	UNDERLYING		43			DAY YEA	R	OW INJURY	OCCURRED) (ENTER NAT	TURE OF INJURY	IN ITEM 18 PAR	RT 1 OR PART 2)		
O	RTIFICATI NG THE V SHOULD PARTME	CA	CONTRIBUTION	IG CAUSI	E OF DE AT			19				100-10			340.00		
VIS VIS	H = H m W P	MEDICAL	21d INJURY C			21e PLACE C STREET, FACT	OF INJURY TORY, FARM, E		211. LC	STREET			CITY OR TOWN		COUNTY		STATE
۵	E, WRIT WARDI WARDI PAGE: STATE 21201	-	AT WORK	AT WORK	E 🗆												
					charge of t	the remains des	cribed abo	ve held an	Auta) Sy	Inspection	[X]	Inquiry] and	in my opinion		
	EXAMINER: CERTIFICATE ULD BE FOR ULD BE FOR UNTH THE S MARYLAND	100	death resulte		Motural ca	133	Accident		ucide [Hamio					in my opinion		
	EXAM CERTIF JID BE DIREC WITH		deam resoure	d Hulli:	pororar ca	uses (==	Accident	7	licide L_			Undeterr	mined mann	er L.,			
	Z B B B B B B B B B B B B B B B B B B B	- 0	ACTUAL	1-1	110	. C	10	100	1-	-	PECIFY)				DATE	9/23/	106
	SHE SHE	-	SIGNATURE_	-	· Cary		/		-	A.D. De	puty	MEDIC.	AL EXAMIN	ER	SIGNED	9/23/	80
	A POR		EXAMINER'S	NAME _		D	1.00				101			**		~	
	TO MEDICAL EXA EXECUTE THE CERT PAGE 4 SHOULD TO FUNERAL DIRE AFTER DEATH, WIT BALTIMORE, MARY		(TYPE OR PRIN		is E.					ADDRESS_				. нах	re De	Grace	e, MD
	- MO - 4 M	23a.Bl	JRIAL, CREMAT	ION, REMOV	100			NAME OF CE				23d LOC	TOWN		COUNTY	ST	ATE
07/84 25M	BP		urial	Y 0.0	9,	/25/86	G	arris	on	Forre	st V	A. CE	em, Ow	ings	Mill	, Md	•
23141	DHMH - 17	24 FL	NERAL DIREC	IOK		9.7:0	5 Be	lair	Road		25a. DATE R	-		REGIST	RAR'S SIGN	STATE OF STA	
	(VR A15 ME (5))	LS	CHIMUN	IEK FI	UNER	AL HOM	E Ba	lto,	Md.	2123	6 SEP	2619	386				1

		1	FOR STATE		DEPARTA	MENT OF HEA		ENTAL HYGI	ENE 8 O	26	3 9 3
60	17111	1.	REGISTRAR			CERTIFIC	ATE OF DE	EATH	REG. NO.		
00-	1/4/4		CEASED NAME FIRST		MIDDLE	(AST			20. DATE OF DEATH MONTH	DAY YEAR	26. HOUR 2 0
	noy be poge 3	1,,,,,	EDU	IARD	A	Coo	OPER		09.	-04-86	5 PM
	. po	3 SE	X	4. RACE		5. DATE OF			6 AGE IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
	s of		Male	Whit	е	MONTH 4	30°	1915	71 YR	S. MONTHS DAYS	HOURS MIN.
	o 40		IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	NEVER MA		9. BALTIMORE CITY OR COU		200
	to the second		altimore. Md.	U. S	. A.	WIDOWED		ORCED [HARFORD		MD.
	P		ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN		OTHER INSTIT	TUTION	128 USUAL OCCUPATION	12b, KIND C	OF BUSINESS OR
5	0 5	F	PHSTON	FALLSTO	1 1	1	SPITAL		Retired Machin		
212	hour hour	USU	AL RESIDENCE IN NURSING HOM			ADMISSION)	d. INSIDE CIT		13e STREET ADDRESS / ZIP CO		
N N	24			cford	Belair			NO X	727 Roland Ave		114
YLA	1 12/1		ATHER'S NAME	MIDDLE	LAST	15		MAIDEN NAM	NE .		
MAR	Wak	lэ		Carroll	Coop	er	Bess	sie	May	Whee	
	ecute ico	160	WAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECU	-	7. INFORMAN			27 Roland	
BALTIMORE	Pog E		O IF TES	GIVE WAR OR DATES)	216-01-1	804	Mrs. Ed	dith H.	. Cooper, Belai		
ALT	ote b		18 CAUSE OF DEATH (Ente	only one couse pe	*		4.	1)A_		CIMATE INTERVAL
	agrifice on particular and a terminal and a		PART 1. DEATH WAS CAL	JSED BY: DIATE CAUSE (0)		caro	hall	W	na		
N ST			, gravice		R AS A CONSEQUE	NCE OF	1/20	11.0	(11/2)		
PRESTON			Conditions, if ony, which	(b) -	7K A5 A CONSEGUE		JK.	ine	. Uray		
0. 0.			gove rise to immediate couse (a), stating the		OR AS A CONSEQUE	NCE OF	M	.100	mic Carda	16	
<u>×</u>	the state of		underlying couse lost.	((c)_	T-1 2		DO	ine	mic Canada	Tokany	
5, 20	orres o bu	z	PART 2. OTHER SIGNIFICAN	T CONDITIONS O	ONTRIBUTING TO D	DEATH BUT NO	OT RELATED T	TO THE TERMI	NAL DISEASE OR CONDITION	GIVEN IN PART 1	0
RECORDS	requestrated and the second or to y injury	CERTIFICATION		10	TION LEGGING	0050 171011			100 117 0 0 5 12	MEG. MEG. E. M. D.	
SEC.	low see programme by the programme by th	F S	190 DATE OF OPERATION	196. COND	ITION FOR WHICH	OPERATION	WAS PERFOR	WED	IN CE	YES, WERE FINDING CAUSES	S OF DEATH?
TAL	vsicion consit p	- 1	710. ACCIDENT WAS UNDERLYING	216, TIME C	DE IN ILIBY	1.	71. HOW/INI	LIDY OCCURD	YES NO	YES [NO 🗌
DIVISION OF VITAL	44 44 4		OR CONTRIBUTING CAUSE OF		.M. MONTH DA	Y YEAR	art. HOW INJU	OKT OCCURR	ED (ENTER NATURE OF INJURY IN ITEM	18 PART OR PART 2)	
O Z	41 6	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAM		.M. OF INJURY	19	II. LOCATION	N			
ISIO	O PHY orthographics the burners ond M	MEC	WHILE NOT WHILE	(AT HOME, ST	REET, FACTORY, OFFICE, F	ARM ETC)	STREET		CITY OR TOWN	COUNTY	STATE
20	or offer the se os the colth one morked		AT WORK AT WORK	1				26		10 86	
	DOR. OR.		22e.1 certify that (1) (this he sow the deceased alive	ospiral) offended fi	he deceosed from	b and	that in (my) (c	, 19 Dunion d	eoth occurred on the date and		that (I) (we) lost
	2 0 5		obove, (I) (we) (did) (did 22b, SIGNATURE	ny view the body	ofter deoth.		GREE	oo, opimon o	Tom occorred on the dote one	22c DATE	
	0 0 0 0 0 4		THE SIGNATURE	IVIna		Mi) AT	TENDING _	MEDICAL STAFF		5-1986
,	by the by the by the by the by the by the bede de		224. PHYSICIAN'S NAME	PE OUR PRINT)			20 ADDRESS	HYSICIAN L	PHRECTOR PHYSICIAN	0 // 1	1
	O HOSPITAL etoined by th TO FUNERAL should be deti		1/1	VAIR			211	2/1	el ais Lond	. Fall11	~- MD214)
	TO HOSPITA retoined by TO FUNERA should be de with the Stot	22.	BURIAL, CREMATION, REMOV	AL 23b. DATE	122.	AME OF CEM	ETERY OR CO	DEMATORY:	T23d, LOCATION		
			[SPECIFY]	9-8-1					CITY OR TOWN	COUNTY	STATE
	BP	74 F	Burial UNERAL DIRECTOR _	7-8-1	700 B	elair I	Mem. Ga		Belair Ha	arford	Md.
	DHMH - 16 60M 7/84	1	NAME O	King	ADDRAS	To D	Sol D	1			
	(VRA 15, 4)		assam	musi	Non 117:	OL	many.	4 7-5	9 1986	musican pag	10-1-10 kg

· · ·

STATE OF MARYLAND

Company of the second of the s

delegation of the state of the

		OR			DEPART	STAT MENT OF I		ARYLAN I AND MI		YGIENE	6		2 8	6 0	9 5
845	RE	GISTRAR		ME		EXAMIN	ER'S C	ERTIFIC	CATEO	F DEAT	Н	REG. N	10.		
5		ASED NAME	Calv	in	Leo		Co	rnes			OF	ESTI- MATED [X MONTH	21 19 8	
18	Male	/ DO 1	White	S. DATE OF BIRTH	YEAR	6 AGE IN YEAR LAST BIRTHDA	RS IF UN	IDER 1 YR.	IF UNDER		DATE	CED	MONTH 9		24 HOUR
5	7a. BIRT	THPLACE 151A	TE OR	76. CITIZEN OF W		- 11	1		VER MARRIE	ED U	BALTIMO	ORE CITY	OR COUN	NTY OF DEATH	
×	10. CITY	OR TOWN O		11. NAME OF HO	ACILITY, GIVE S		, OR OTH	ER INSTITU		12a USUAI	LOCCUPA STOFWORK	ING LIFE)	PE OF WORK	12b KIND OF OR INDU	F BUSINESS
	USUAL 13a. STA	RESIDENCE (13c. CITY	BEFORE ADMISSION OPA)N)	130 INSIDE CI	ITY LIMITS?	13e. STREET	T ADDRES	SS		210	85
	Lat	HER'S NAME FIRST WYENCE		Lliam	Co	rnes		Ma		N NAME	Eliza			colling	
	TYES,	AS DECEASED NO, OR UNKNOW	EVER IN U.S. ARI	MED FORCES? WAR OR DATES)		-03-510		Virgi		. Con	nes,	Jopp 1407	a, Mo Mour	1. 2108 ntain R	5 load
	7	Conditions gave rise cause (a) s lying cause	IMMEDIA i, if any, which to immediate tating the <u>under-</u> e last.	TE CAUSE (a)	Blunt RASA COM	head to	OF OF		N GIYEN IN PAR	RT 1 to .				BETWEEN	ONSET AND DEATH
RICK TO BURIAL, CREWATION,	CERTIFICATION	9a. DATE OF C	OPERATION	196 COND	ITION FOR	WHICH OPER	ATION W	AS PERFOR	MED?					20 AUTOF	
N K		INDERLYING	CAUSE WAS OR G CAUSE OF	1 4 0 = 0	M. MONTH	DAY YEAR 21 19 86			occurred fell	_			8 PART 1 OR P	YES X	ONO [
1	703	MHILE AT WORK	CCURRED	21e PLACE STREET, FA	OF INJURY CTORY, FARM, E Ouildi	(AT HOME.	211 LO	CATION	tain 1		CITY OR TOW		Ha	arford	MD STATE
-		220 I certify death resulted ACTUAL IGNATURE		ge of the remains de ral causes .	Accident		Autop	, Hamic	PECIFY) stant	Undetern	Inquiry (nner .	DATE	9/2	22/86
こく		XAMINER'S N TYPE OR PRIN	IAME T) W	illiam M.		, M.D.		ADDRESS_		Penn :		Balt	o.MD.	•	
] SPE	Burial VERAL DIRECT	S	ept.25,19	86 Tr			eran C		CITY OR	OPDA SG 199		larfor	SIGNATURE	d.
5))	Н	oward I	K. McCom	as III, A	-	on, Md	210	009	20	_ [2 0			37.		

00-	12227	1-	FOR STATE	FilmGe	518 8/15	DEPARTM	ENT OF HEAL	TH AND MEI	NTAL HYGIE		2.	6	3 9	o
00-	12337	1 DE	REGISTRAR CEASED NAME	FIRST	ME	MIDDLE	(AMINER'S	LAST.	ATE OF DE		REG NO.			
3	NAME OF TAXABLE PARTY.		E OR PRINT)								F211-	MONTH DAY	YEAR	26 HOUR
1	S S S S S S S S S S S S S S S S S S S	1 SE	(14 RA	Joyce	5. DATE OF BIRTH	Α.		Curtis		DEATH M		6/ 30/	19 86	N
	7500 F	JI SE	F	В	6 16	YEAR 41	45 YRS.		HOURS MIN	PRONOUNC DEAD			1986	12:30 A M
			RTHPLACE (STATE OF DREIGH COUNTRY)		TE CITIZEN OF W		MA	RRIED NEVE	R MARRIED DIVORCED		recity or cou		DEATH	MD
	A DE LOS	10 C	Havre Dec	ATH	11. NAME OF HO	SPITAL, NURS			ON 120 U	SUAL OCCUPA OR MOST OF WORKIN	TION (TYPE OF	WORK 12b KIN	ND OF BUSER	SINESS
-	SO S	USU	AL RESIDENCE (IF IN A	IURSING HOME O	ROTHER INSTITUTION G	IVE RESIDENCE BEF	ORE ADMISSION)			Disab]			0	~ 1
0.2120	報200		Md.	Hari		Aber		13d. INSIDE CITY YES 🗌	NO 😡]	TREET ADDRESS		Place	210) 0 1
W	5-8292/	VI. II	ATHER'S NAME FIRST		MIDDLE	LAS		15 MOTHER FIRS	'S MAIDEN NAM	ME	DLE		LAST	
ORE	20× 0		Thomas		James		lland	Anni				Irb	У	
TIM	S S S S S S S S S S S S S S S S S S S	100. \	VAS DECEASED EVE ES, NO, OR UNKNOWN)		WAR OR DATES)	1166 SOCIA	L SECURITY NO.	17. INFORMA	ANI		ADDRESS			
NA.	A SEE SEE		No				0-7326	Curtis	Malloy	7 419 Me	adowoo	d Dr.E	dgew	bMboo
15	20 × 50		18 CAUSE OF DEA	TH (Enter onl	y ane cause per line	e far (o), (b), o	nd (c).)						PPROXIMATE	
Z.	FEA HERA		TAN TELATIFIC			Chroni	Carnen	natic E	leart I	Diseas	0			
PRESTON	A A A A A A A A A A A A A A A A A A A				DUE TO, OF	AS A CONSE	QUENCE OF							
86	A A NEE	20	Canditians, if		(b)							30		
*	ED WITH PENCIL AMINER L-TRANS AENTAL I		cause (a) statir lying couse los		DUE TO, OF	AS A CONSE	QUENCE OF			0.41				
. 201	S A A A A	-	<u> </u>		(c)						1307			
RECORDS,	D BE EXECUTED WITHIN 24 HD FENDING" IN PENCIL IN ITEM I MEDICAL EXAMINER ALONG AS A BURIAL - TRANSIT PERM ATITH AND MENTAL HYGIENE CREMATION, OR REMOVAL.	7	PART 2 OTHER SIGNIFICA	NT CONDITIONS C	ONTRIBUTING TO DEATH	BUT NOT RELATED	TO THE TERMINAL DIS	EASE OR CONDITION (GIVEN IN PART 1 10.					
2	"PENDIN "PENDIN EF MEDIC ED AS A I HEALTH.	CERTIFICATION												
AL	CERTIFICATE SHOULD RITING THE WORD "PE DED TO THE CHIEF A E 3 SHOULD BE USED. OF PRIOR TO BURIAL, OF	2	190. DATE OF OPER	RATION	196. CONDI	TION FOR WI	HICH OPERATION	WAS PERFORM	ED?			20 A	AUTOPSY?	
DIVISION OF VITAL	¥84358	=	4) 57758111.54	105 14/46									YES X	NO 🗌
O	ANE THE WENT TO BE	-	UNDERLYING		21b. TIME O HOUR A.A	F INJURY A. MONTH D	AY YEAR 21c	HOW INJURY O	CCURRED LENTI	ER NATURE OF INJUR	Y IN ITEM 18 PART	1 OR PART 2)		
ON	AR TO THE	MEDICAL	CONTRIBUTING	CAUSE OF D			19							
VIS.	RETING RETING REDED GE 3 SP TE DEP	0	21d INJURY OCCU	RRED		OF INJURY (AT HOME. 21f	OCATION		CITY OR TOWN		COUNTY		STATE
٥	WARD WARD PAGE TATE 1	1	WHILE NO NO AT WORK	WORK						CITY OR TOWN		COUNTY		STATE
					e of the remains de	cribed obove	held an Aut	opsy X	Inspection .	Inquiry	ondin	my apinion		
	EXAMINER: CERTIFICATI ULD BE FOR UNITH THE WARYLAND	74	death resulted fra	1	al causes XX.	Accident [Suicide [etermined monr		my opinion		
-	EXAM CERTI UILD B DIRE WARY	18	A n		N.	1	-1 1	TITLE (SPE		ererinineo mon				
			ACTUAL SIGNATURE	lle	wol TV	Mu.	WULL		stant ME	DICAL EVALUE	IED.	DATE SIGNED 6/	/30/8	6
	EDICAL I				0	1	- Comment	PAT. D.	MI	DICAL EXAMIN	VER :	SIGNED_VI	3070	0
	TO MEE EXECUT PAGE 4 TO FUN AFTER BALTUM	541	(TYPE OR PRINT)	Denn	is F. Sm	yth /M.	D.	ADDRESS	111	Penn St				
	A D A D A C A	23o.B	URIAL, CREMATION,				ME OF CEMETERY			LOCATION				
07/84	BP 216	(5	Burial		7/3/86		on Unite			berdeen	н	arford	STA	ATE
25M		24. F	UNERAL DIRECTOR						O. DATE REC'D.			AR'S SIGNATI		ici e
	DHMH - 17 (VR A15 ME (5))	A:	rnold Bear	d 353	Fountain	St. Hav	reDeGrad	e,Md.	JUL T	1 1986	" Live	vidson-li	ander	

to make the same

energy model breed u SCI see in the state of th THE RESIDENCE OF THE PROPERTY OF THE PROPERTY

		1					MARYLAND	0 6	(*)	4	1 4	2
0.0	10000	1-	FOR STATE		DEPARTMENT OF	HEALT	H AND MENTAL H	YGIEND O	ha	0	1 7	1
UU-	19363		REGISTRAR	ME	DICAL EXAMIN	IER'S	CERTIFICATE C	OF DEATH	REG. NO.			
			CEASED NAME FIRST		MIDDLE		LAST	Zo. DATE	KNOWN X MON	NTH DAY	YEAR	26 HOUR
	Wat a Vol.	{TYP	PEORPRINT)	ABETH	Masir	DE	DDOCHEDO	Or	MATED Q	10	10 86	
	REAGE BELES. HOURS STREET,	3 SEX		IS, DATE OF BIRTH	MARIE 16. AGE (IN YE		PROSTERO		MAILU	19	19 OO YEAR	M
	E E E E E	3 357	, KACE	MONTH DAY	YEAR LAST BIRTHD		NDER I YR. IF UNDER	MIN PRONOUN	NCED	III DAY		24 HOUR
	25555	12	FHALE WHITE	AUGUST 19	110-	RS.		DEAD	9	19	19 86	9A M
-	のおいまなり	Par B	IRTHPLACE (STATE OR DREIGN COUNTRY)	76. CITIZEN OF W	HAT COUNTRY?	8. MARI	RIED NEVER MARR	P. BALTIM	ORE CITY OR CO	UNTY OF	DEATH	
	NIME ALL		ARULAND	USI	n	WIDO			ord Coun	+37		140
	25 mg /		ITY OF TOWN OF DEATH		SPITAL, NURSING HOME			11000	PATION ITYPE OF WO	ORK 12b KI	IND OF BUS	SINESS
	本年を書る	11	arms de Conses		ACILITY, GIVE STREET ADDRESS)			FOR MOST OF WOR	KING LIFE)	01	R INDUSTR	
1000	955 R.A.		avre de Grace		Memorial Ho			No	45		NONE	
12	F03567			NTY	13c. CITY OR TOWN	ON)	134. INSIDE CITY LIMITS?	13e STREET ADDRE	SS			
1 28	を表記を記	1	TARYLAND HAI	REORD	ABERDEE.	M	YES NO 18		MAN ROA	A :	2100	1
· d	一日のの大人丁	14.F	THER'S NAME				15. MOTHER'S MAIDE					-
91	588 282C	DV	LBERT	MIDDLE	OF Page or	0		M.	IDOLE	0.00	LAST	4.00
- 0	PAGE SS 1	160 V	WAS DECEASED EVER IN U.S. A	RMED FORCES?	DE PROSPE		EDMA 17. INFORMANT		ADDRESS	UETR	OSPE	eo
NE.			ES, NO, OR UNKNOWN) (IF YES, GIV	VE WAR OR DATES)				D.	ADDRESS ABE	ROEEH	MD.	21001
BALTIMO	URS AFTER B. GIVE PA WITH FOR T. PAGES 1 DIVISION		NO I		NONE		ALBERTS.	EROSPERO	,748 MA	HAN	KOAL	2
	8. 8. ± 5. ± 5. ± 5. ± 5. ± 5. ± 5. ± 5.	250	18 CAUSE OF DEATH (Enter of PART I DEATH WAS CAUS	anly ane cause per line	e for (a), (b), and (c).)					BET	WEEN ONSET	AND DEATH
PRESTON ST.,	AL ENABLE H		IMMEDI	ATE CAUSE (a) SU	dden Infant	Dea	th Syndrome	2			100	
073	22AF70	-		DUE TO, OF	R AS A CONSEQUENCE	OF						- 3-21
2	ER ER	12	Conditions, if any, which									
×.	NA TANK		gave rise to immediat cause (a) stating the under		R AS A CONSEQUENCE	O.F.						-
201 W.	EXA PER	11/	lying cause last.									
8,2	5 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	No.	BART 2 OTHER CICHIES INT CONOUSING	(c)								
DIVISION OF VITAL RECORDS,	ULD BE EXECUTED WITHIN 24 HOU! "PENDING" IN PENCIL IN ITEM 18. F. MEDICAL EXAMINER ALONG W EP AS A BURIAL TRANSIT PERMIT. HEALTH AND MENTAL HYGIENE, D AL, CREMATION, OR REMOVAL.	7	PART 2 OTHER SIGNIFICANT CONDITION	IS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERM	IINAL DISEA	SE OR CONDITION GIVEN IN PA	RT 1 id				
E	A ALT	MEDICAL CERTIFICATION									4	
2	SHOULD ORD "PE CHIEF A E USED / T OF HE/ URIAL, C	13	190. DATE OF OPERATION	196. COND	ITION FOR WHICH OPER	ATION	VAS PERFORMED?			20 /	AUTOPSY?	
1	WORD WORD WORD E CHIE NT OF	E								0	YES X	NO
- F	NO FEET WE	1 %	210. EXTERNAL CAUSE WAS	21b. TIME O		21c. F	IOW INJURY OCCURRE	D (ENTER NATURE OF IN)	URY IN ITEM 18 PART 1 C			
2	SE SE	1	UNDERLYING OR CONTRIBUTING CAUSE OF		A. MONTH DAY YEAR	3						
S	ERTIFE TO THE	N N	214 INJURY OCCURRED		A. 19 OF INJURY (AT HOME,	211.10	CATION					
<u>></u>	S S S S S S S S S S S S S S S S S S S	ME			TORY, FARM, ETC.)		STREET	CITY OR TO	WN	COUNTY		STATE
	INNER: THIS CERTIFICATE SHOULD ISCATE, WRITING THE WORD "PER E FORWARDED TO THE CHIEF M. TOR: PAGE 3 SHOULD BE USED A THE STATE DEFARTMENT OF HEAD AND, 21201 PRIOR TO BURIAL, C.		AT WORK AT WORK								7770	
	L EXAMINER: 1 E CERTIFICATE, DUID BE FORV H, WITH THE SI MARYLAND, 3		220. I certify that I took chai	rge of the remains de	kribedubave, held an	Auta	psy K. Inspectio	n , Inquiry	and in m	y apinian		
	ATHE AND		death resulted fram: Nati	ural causes M	Adam D Su	(cide	Hamicide .	Undetermined mo		,		
-	REC B	100	1/1 -	1 114	X/ 19.	hA		Onderer mined mo	milet,			
	20325		ACTUAL A VIII	1110/1/	mun n	/W/A	TILE (SPECIFY)		DA	TE	0 00	0.5
	SHY SER	1	SIGNATURE COLO	ccc v X	1 1.1.	1/2/	ASSISTAN	MEDICAL EXAM	INER SK	GNED	9-20-	-86
	95.4 S		EXAMINER'S NAME Don	nis F. Smy	z+h M D		111 1	Penn St.,	Ralto	MD 3	21201	
	TO MEDICAL EXAMINE EXECUTE THE CERTIFICA PAGE 4 SHOULD BE RE TO FUNERAL DIRECTO APTER DEATH, WITH THE BALLLIMORE, MARYLAN		(TYPE OR PRINT)	TIES T. ONLY	ar, ar.b.		ADDRESS		Darto.,	MD 2	1201	
	PAGE A	23a.B	URIAL, CREMATION, REMOVAL	23h DATE	23c. NAME OF CEA	METERY	OR CREMATORY	23d LOCATION	1	COUNTY	STA	TE
07/84	BP		BURIAL	22SEPT, 8	16 HARFORD	ME	M. GARDENS	ABERDEE		4.1	BRULE	
25M		24 F	UNERAL DIRECTOR					REC'D. BY REGISTRA				
	DHMH - 17 (VR A15 ME (5))	Ta	enine Forder W	ADDRESS	BERDEEN. MO	2100	1- 2399 SFP	2 9 1006	" Javidson	707	Gen.	
	(-1)	TOL		14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	SEK DEEN, (10)	200	23/105	1200	- Mary 140ai			*

			FOR			S' EPARTMENT C		MARYLAND	TAL HYCLE	New 6	9	4 0 0	i 14
		1-	STATE REGISTRAR			ICAL EXAM				ATL	la !	3 0 7	9
1-1	8728	LDE	CEASED NAME	FIRST		WIDDLE		LAST		20. DATE KNOW!	NO. MONTH	DAY YEAR	26 HOUR
	2000年2012年	1111	CH MINIT	Mary	F	Page	Du	postadt		OF ESTI-	× 9/1	17 186	1130
	EN STEER STEER	3. SEX	TRA	CE	5. DATE OF BIRTH	YEAR LAST BIR			UNDER 24 HRS	20. DATE	MONTH	DAY YEAR	2d HOUR
	STORY OF THE PERSON OF THE PER		F	W	10 13 1	1 74	YRS,	DAIS HO	JON'S MIN	DEAD		/18 19 86	6P "
-	出版の意味		RTHPLACE (STATE OR REIGH COUNTRY)	D.A	TE CITIZEN OF WA	AT COUNTRY?	8 MARE	IED NEVER	MARRIED	9 BALTIMORE CI	Y OR COUN	ITY OF DEATH	
•	2500	10. CI	TY OR TOWN OF DE	PA	USA 11 NAME OF HOSE	TITAL, NURSING HO	WIDOV		NORCED	Harford SUAL OCCUPATION		126 KIND OF BL	MD
	100		Aberdeen		(IF NOT IN SUCH FAC	HITY, GIVE STREET ADDRE		1431110110	FO	or most of working life)	(TIPE OF WORK	OR INDUST	
- 5	Tas As V	USUA 130 S	L RESIDENCE (IF IN N	136. COUNT	OTHER INSTITUTION GIVE	13c. CITY OR TOW		134 INSIDE CITY LI		TREET ADDRESS		2141	~ /
MD, 2120	N SON	7.00	MD	Harfo		Aberdeer		YES XX N	10 □ 26	6 Paradise	2 Rd	×100	21
M.	1 CAR # - H		Thomas		MIDDLE	Page		IS. MOTHER'S Edi	MAIDEN NAA	MIDDLE MIDDLE	Blewett		
ORE	495 KAR	No.	VAS DECEASED EVER	IN II S APA	AED EODCESS	166. SOCIAL SECU	DITY NO			ADDI			
SALTIM	S AFTER GIVE P TH FO PAGES VISION	(Y	NO NO. OR UNKNOWN)	(IF YES, GIVE V		220 44		Edward	H. Duj	ppstadt,20	Ston, V)53 Cha	A 22091 adds For	d Dr.
51.	A 18. WIT. I		18 CAUSE OF DEA PART I DEATH V	VAS CAUSED		or (a), (b), and (c).)	1 1/4	apt	N'SE	DCE.		APPROXIMAT BETWEEN ONSE	E INTERVAL
PRESTON ST	124 HILLSAN			IMMEDIAT	E CAUSE (o)	LS ACCIVATED LINE	EOF	TO I	N.OCN	430			
786	ANSI PER		Conditions, if		1 10)	ASCIVI).						
3.	PENCENTE OF		couse (a) statin	g the <u>under-</u>	DUE TO OR A	S A CONSEQUEN	E OF						
2	S N N N N N N N N N N N N N N N N N N N	100			(6)								
ORD	BE DE BNDING WEDICA AS A BL ALTH AL	Z	PART 2 OTHER SIGNIFICA	NT CONDITIONS C	ONTRIBUTING TO DEATH DI	JT NOT RELATED TO THE I	ERMINAL DISEAS						
REC	SET BE	CERTIFICATION	19a. DATE OF OPER	ATION	196 CONDITI	ON FOR WHICH O	PERATION V	AS PERFORMED)?			20 AUTOPSY	?
ATA A	SHOW SHOW	T T										YES 🗆	NO 🗆
6	FICATE STATE OF THE COLUD BE CATMENT		UNDERLYING		116 TIME OF HOUR A.M.	MONTH DAY Y	AR 21c H	OW INJURY OC	CURRED LENTE	R NATURE OF INJURY IN ITE	M 18 PART 1 OR PA	ART 2)	
NOR	DE LOS DELOS DE LOS DE	MEDICAL	CONTRIBUTING	CAUSE OF D		19						ATTER X	
N/G	S CES	MED	WHILE AT WORK			F INJURY (AT HOME PRY, FARM, ETC.)		CATION		CITY OR TOWN	co	YTHUC	STATE
	E WAS												
	AND AND AND				of the remains descri				spection yz	Inquiry L	ond in my of	pinion	
-	KAMINE BE		death resulted from	Noture	couses (A)	Accident,	Suicide	, Homicide		etermined monner			
•	A A S A S A S A S A S A S A S A S A S A		ACTUAL SIGNATURE	ew is	vantail	M4)	N			DICAL EXAMINER	DATE	9/18/8	86
	DEATH WORE		EXAMINER'S NAME	0	0				, , , , , , , , , , , , , , , , , , ,	DICAL EXAMINER	SIGN		
	PAGE PAGE PAGE PAGE PAGE PAGE PAGE PAGE		(TYPE OR PRINT)	Or. Al	fred Gric			ADDRESS601		ion Ave. F	lavreDe	Grace, 1	D_
		_ (5	JRIAL, CREMATION, I					R CREMATORY	C11	LOCATION TY OR TOWN	cou	INTY S1	TATE
07/84 25M	BP		NERAL DIRECTOR	a1 9	/24/86	Ligonie	r Val.	Ley Ceme	DATE	gonier, Wes	stmor1a	and, Penna	a
	DHMH - 17 (VR A15 ME (5))	Tar	ring Fune	ral Ho	me.P.A.Ab	erdeen.MD	.2100		OLI	66 1980		60.	
		_			,		,						

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

23a BURIAL, CREMATION, REMOVAL

Burial

Tarring Funeral Home, PA, Aberdeen, MD, 21001-3399

23b DATE

9/5/86

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

23d LOCATION

23c NAME OF CEMETERY OR CREMATORY

Darlington Cemetery

2b HOUR

12h KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN OWSET AND DEATH

US Gov't.

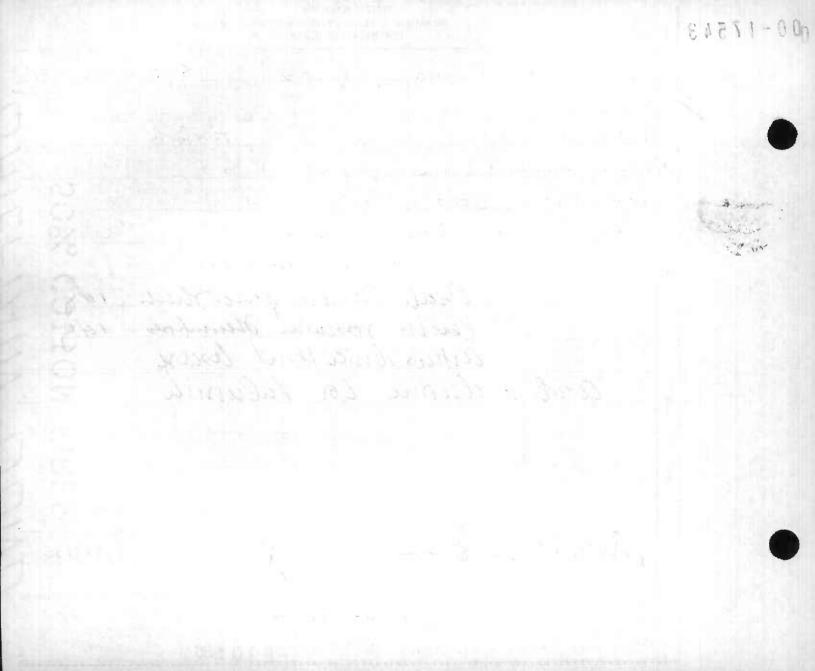
Carr

COUNTY

Darlington, Harford, Maryland

22c DATE SIGNED

9/8/86



STATE OF MARYLAND

219-X-6591 dispared A. Ardman 600 Encode may 21165

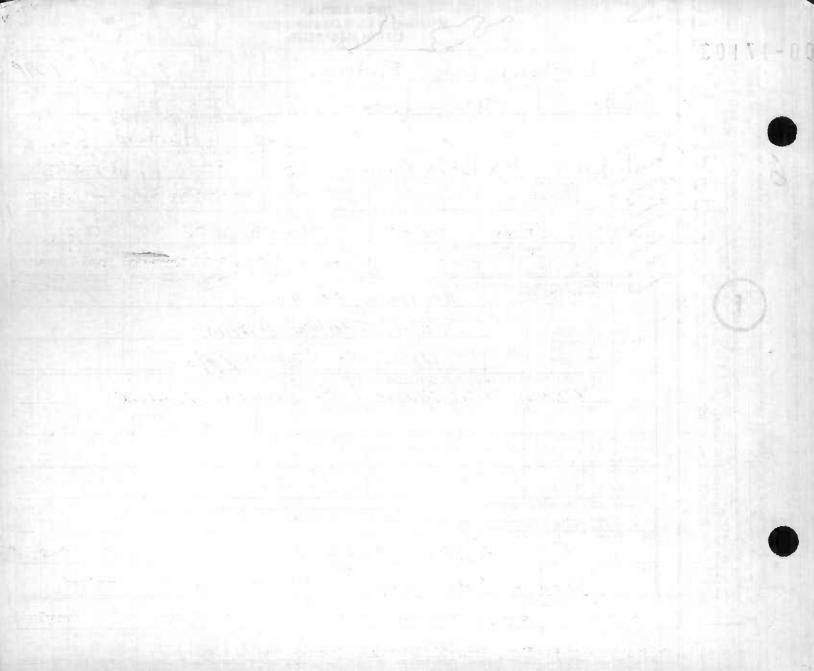
Thorn store brive Columns, therefare

Educini US/05/1-o tark pod Cent. y Palkinore, mayland Lemany J. 10x. Jun. Hallingto, may land

360	1-	FOR STATE REGISTRAR Anne	DEPAR Rice Farlings	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	SIENE 8 6	26101
	1. DEC	CEASED NAME PIRST OR PRINT) ANNE	MIDDLE	ARLINGER		MONTH DAY YEAR 26. HOUR 8:50 MAN
	3. SEX	EMALE	CAUC	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRT	THDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
67		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	? 8. MARRIED NEVER MARRIED WIDOWEI DIVORCED	BALTIMORE CITY OF	R COUNTY OF DEATH
10		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	TADORESSI OR OTHER INAUTIOND	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	F WORKING LIFE) INDUSTRY
1	13a. S	AL RESIDENCE (IF NURSING HOME OR ITATE 13b. COUNTY)	OTHER INSTITUTION, GIVE RESIDENCE BEFORE 130 CITY OR TO EDUCE 150 EDUCE 15	WN 13d. INSIDE CITY LIMITS?	STREET ADDRESS	STREAM WAY 21040
120	14. FA	THER'S NAME RUBELT	MIDDLE RICE	15. MOTHER'S MAIDEN NA		Miller
medico		VAS DECEASED EVER IN U.S. ARI	MED FORCES? 166 SOCIAL SEC E WAR OR DATES) 139-07-	SOLA PO GOX 318	HOLOG ZI	ETSC 21009
emoval.		PART I. DEATH WAS CAUSE	lly ane cause per line far (a), (b), a D BY: (E CAUSE (a) CATGIO			APPROXMATÉ INTERVAL BETWEEN ONSET AND DEATH
of, cremotion, ar r		Conditions, if any, which gove rise to immediate cause (a), stating the underlying couse last.	DUE TO, OR AS A CONSEON (b) arterio DUE TO, OR AS A CONSEON (c)	sclerotic cardiovas	cular diseas	se
to burio	NO			DEATH BUT NOT RELATED TO THE TERM ith nutritional def		DITION GIVEN IN PART I I a
giene prior	CERTIFICATION	190 DATE OF OPERATION		H OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\begin{array}{cccccccccccccccccccccccccccccccccccc
em-18 sh		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH	DAY YEAR	RED (ENTER NATURE OF INJUR	RY IN ITEM 18 PART I OR PART ?)
rked on 2	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE ALL WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	FARM, ETC.) 211 LOCATION STREET	CITY OF TO	WN COUNTY STATE
of Health		220.1 certify that (1) (this haspit saw the deceased alive on above (1) (we) (did) (did no	sont 17 19 view the body after death.			24. 19.86 , that (I) (we) last one and haur and from the causes stated
tem tem		22b. SIGNATURE	nolonia	DEGREE M. D. ATTENDING PHYSICIAN F	MEDICAL STAF	224 DATE SIGNED Sept. 24, 1986
T: If		120				
with the State D		22d PHYSICIAN'S MAME (1YPEO Ben Oteyza	a, M.D.	846 S. Main	St., Bel	Air, Md. 21014

The state of the s

	0	1.	FOR STATE REGISTRAR			DEPAR	RTMENT OF H	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENE 3 5	2	6 1	0 2
10-1110	3		OR PRINT)	FIRST		MIDDLE	15	Love	20 DATE OF DEATH	MONTH DAY	86	26 HOUR /199P
pood dec		3. SE		α 1 11¢	erine	Agnes	5. DATE C	Hera	6. AGE (IN YEARS LAST B		INDER I YEAR	IF UNDER 21 HRS
tor. g		3. 32	Female		Whi	to	MONTH	DAY YEAR	75	MONI		HOURS MIN.
Poge	11	70 BI	RTHPLACE (STATE OR FI	DREIGN 7		WHAT COUNTR		y 24, 1911	9 BALTIMORE CITY	YRS.	DEATH	
death.	31	100	ennsylvania	-0.		States	MARRIE	D NEVER MARRIED DIVORCED	H	arfore	1	O, MD.
ts offer of with)0 C	Fallston	TH		HOSPITAL, NURS		end HOSD.	(TYPE OF WORK FOR MOST NUTSE		126. KIND OF INDUSTRY Educa	ation
AND 212	刻	130. S Ma	AL RESIDENCE LIF NURSI TATE ryland	ng home or o 136 COUN Balt:	TY	13c CITY OR TO Dunda	MA	13d. INSIDE CITY LIMITS? YES NO 🐔	13. STREET ADDRESS 25 Admira	íl ^{zip} Boule	vard /	/ 21222
MARYL ed withi	3	JIII. F	THER'S NAME FIRST William		Henry	Doc	krill	IS MOTHER'S MAIDEN N			Cas	sey
A co	ico /		VAS DECEASED EVER		AED FORCES?	166 SOCIAL SE	CURITY NO.	17 INFORMANT	ADD			21040
BALTIMOR be exemple in and and and in S. Page.	med		NO	(# YES, GIVE	WAR OR DATES]	220-18-	2849	James P. Fi	nfera 1919 I	larewood	Road	Edgewood
requires that the describer is signed by the an account if he is to buriol, compared or to buriol.	y injury, or other troumotic	TION	COR	ediote 3 the last. IFICANT CO	DUE TO, O	Key Di	OUENCE OF	Measthal ; ble Sop not related to the ten A Zhe	emens /	nsecus	5	
AL REC		CERTIFICATION	190 DATE OF OPERAT	KON	196. COND	ITION FOR WHIC	CH OPERATIO	WAS PERFORMED	200 AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES	IG CAUSES	OF DEATH?
	Hem 18 st	MEDICAL CER	210. ACCIDENT WAS UND OR CONTRIBUTING C LIF EITHER, NOTIFY MEDIC	AUSE OF DEAT	Р.	.M. MONTH .M.	DAY YEAR	Ze 10 8 15	RRED (ENTER NATURE OF IN)	JRY IN ITEM 18 PART I	OR PART ?)	
DIVISION OF ING PHYSICIA r otherding pl wher this certif as the burial-th	orked or	MED	21d. INJURY OCCURR WHILE NOT WHI AT WORK AT WOR	IE 🗍		OF INJURY REET, FACTORY OFFIC	E, FARM, ETC }	211 LOCATION STREET	CITY OR T)wn	COUNTY	STATE
O o d e o o	is mo		220.1 certify that (I)						, to	. 19_		hot (I) (we) last
R ATTEN hospitol RECTOR red for u	n 21		sow the decease obove, (I) (wet d	d alive on _ id) (did not	view the body	afterdeath.		d that in (my) tour) apinio	n death accurred an the c	ote and haur an	d from the co	auses stoted
OR he	# Her		226. SIGNATURE	to	()	X1.101	- Bard	DEGREE	_ MEDICAL _ STA	FF	22c. DATE S	
TO HOSPITAL of retained by the TO FUNERAL D should be detained with the State D	APORTANT		22d. PHYSICIAN SHA	ME STYPE OR		Aus	mg:	220 ADDRESS	Director Physical Avenue Fal	CIAN		ember 3,8 ind
7 F 2 8 8	=	23a E	URIAL, CREMATION, F	REMOVAL	23b. DATE			EMETERY OR CREMATORY	23d LOCATION	00	DUNTY	STATE
BP	-		Burial		Sept. 6	, 1986	Most Ho	oly Redeemer	Baltim			Maryland
DHMH - 16 60M			INERAL DIRECTOR			ADDRESS			EP.5 1986			
(VRA 15, 4)		W=	Iter Brook	s Bra	dlev. 1	lnc. 213	5 Dunda	alk Avenue	1 1 1 1300	11-65	was - year	The same of



CERTIFICATE #86-26103

	II	ems,	‡18a,21a	a,21b	, 21c	.21d.	STATEC	F MARYLA	ND		43 4	0	4 8	- 0	- 47
00-19689	1.		,21f,&2:		-62A	PAKIMEN	OF HEA	LTH AND N				en .	0 ;	U	
00 13003	G	REGISTRAR	1/31/86	Mad	WEDI	CALEXA	MINER	S CERTIFI	CATE	OF DEA		REG. NO.	11 - 5		
	1.0	ECEASED NAME	FIRST		M	NIDDLE		LAST			20. DATE KNO	MON X MON	TH DAY	YEAR	26 HOUR
ET. S.S. S.E.			Lind	la	Je	ear.		Flemin	a	200	DEATH MA	TED 9	30	986	M
PLEASE DIRECTOR. DUR FILES. THOURS STREET,	3. 51	Х	4. RACE	5. DATE OF	BIRTH		E (IN YEARS I	FUNDER 1 YR.			2c. DATE	MONT	H DAY	YEAR	2d HOUR
N SACES	al fe	emale	white	May	5, 1	942 4	. "	ONTHS DAYS	HOURS	MIN	PRONOUNCE! DEAD	9	30	186	8 AM
2000年111	-170	BIRTHPLACE (ST				COUNTRY?	I a	ARRIED N	F1/60 11 100	UED []	9. BALTIMORE	CITY OR COL			
SALES .	78	oreign country)	Md	11	.S. A			OWED D	DIVOR	promp.	Harfor	rd Count	- 17		
ZE W G	10.0	IT CTINUTE	OF DEATH	11. NAME C	OF HOSPIT	AL, NURSING	HOME, OR	OTHER INSTITU		12a, USL	JAL OCCUPATI	ON (TYPE OF WOR	K 12b KIN	D OF BUS	INESS
FE858/	1	Stree	o+	HE NOT IN	SISUCH FACILITY	ty, give street at Pucker	Road				wost of Working			INDUSTR	Υ
Xabraga =	WSI		(IF IN NURSING HOME C							1 110	use_wii	Е	HOM		
8/39138	13a	STATE	13h COUN	TY		3c. CITY OR TO	NWC	-	CITY LIMITS?		EET ADDRESS	0.1	21	154	
7 113		aryland	Har	ford		Stree	t	YES	ио Х	1		er Ka.			
E-1970	1	ATHER'S NAME		MIDDLE		LAST			FIRST		MIDDLE		i.	AST	
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	4	William				roberts			Bertha	3		DDDEEC	Buck	<	
BALTIMO S. AFTER D GIVE PAGE ITTH FOR PAGES IVISION	160.	YES, NO, OR UNKNO	DEVER IN U.S. AR	WAR OR DATES)		16b SOCIAL SE						DDRESS 315			Rd.
S AF GIVISI		10				219-38	<u>-9459</u>	Mr.	Rona.	ld H.	Flemir	g.Stree			154
: 283-0		18 CAUSE O	F DEATH (Enter on ATH WAS CAUSE	ly ane cause p	per line far	r (a), (b), and (c).)					1957	BETW	PROXIMATE EEN ONSET	AND DEATH
PRESTON ST., ITHIN 24 HOUR ICLI IN ITEM 18. VER ALONG WANSIT PERMIT. AL HYGENE, D	100	PARTIDE		TE CAUSE (a)	Ve 1	rapami	1 (I:	soptin) In	toxi	cation	7			
N III	1	16		DUE 1	TO, OR AS	A CONSEOU	ENCE OF								
REA ANS	4		ns, if any, which se to immediate	(b))				198						
SET TREE		cause (a) lying cau	stating the under-	DUET	TO, OR AS	A CONSEQU	ENCE OF					- V 10	100	100	
ZOI EXA ON,		lying cao	se lust.	(c)											
ON OF VITAL RECORDS, 201 W. PRESTON ST FICATE SHOULD BE EXECUTED WITHIN 24 HOI THE WORDS "PENDING" IN PENCIL, IN TIEM II TO THE CHIEF MEDICAL EXAMINES ALONG HOULD BE USED AS A BURIAL - TRANSIT PERMI RETARNI OF HEALTH AND MENTAL HYGIENE, OR TO BURIAL, CREMATION, OR REMOVAL.			GNIFICANT CONDITIONS	CONTRIBUTING TO	O OEATH BUT	NOT RELATED TO	THE TERMINAL O	ISEASE OR CONDITI	ON GIVEN IN P	ART 1 to					
S A S A S A S A S A S A S A S A S A S A	CERTIFICATION														
SHOULD ORD "PE CHIEF A RE USED "PE LUSED HE LUSE	7 3	190. DATE OF	OPERATION	19b. C	CONDITIO	N FOR WHICH	OPERATIO	N WAS PERFO	RMED?				20 A	UTOPSY?	
SE S	Ě			1200									Y	ES X	NO 🗆
DIVISION OF VIT S CERTIFICATE SH RRING THE WOR ROED TO THE CH E 3 SHOULD BE L E DEPARTMENT OBUR	5 8	210 EXTERNA	L CAUSE WAS		IME OF IN	JURY	VEAD 21	L. HOW INJUR	Y OCCURR	ED (ENTER	NATURE OF INJURY	IN ITEM 18 PART 1 O	R PART 2)		
IVISION OF CERTIFICATE TITING THE W ED TO THE 3 SHOULD E DEPARTMEN I PRIOR TO E	2 3		S OP TIN		P.M.		1986	ingest	ed v	erap	amil				
CERTIF CERTIF TING 3 SHC DEPAI	MEDICAL	214 INJURY C	OCCURRED			INJURY (ATH		LOCATION						_	
NRITE DISCO	2	WHILE AT WORK	NOT WHILE	Į STR	HOT	Y, FARM, ETC.)	3.	152 Tu	cker	Roa	d Stre	eet, H	arfor	cd,	Md.
L EXAMINER: THIS CERTIFICATE SHOULD FECREFICATE, WRITING THE WORD "PEI OULD BE FORWARDED TO THE CHIEF M AL DIRECTOR: PAGE 3 SHOULD BE USED A H, WITH THE STATE DEPARTMENT OF HEA H, WITH THE STATE DEPARTMENT OF HEA MARYLAND, 21201 PRIGART TO BURL, C				1				7	Sec. 1.50			1			
EXAMINER: CERTIFICATION TO BE FOR DIRECTOR: WITH THE S AARYLAND,			fy that I taak charg				_	utapsy	Inspection		Inquiry L	, and in my	apinian		
BE STEP		death result	ed fram: Natu	ral causes L	_], Ad	ccident,	Suicide 2		nicide	Undet	ermined manne	r [],			
EXAM CERTI DILD B DIREC		ACTUAL	1	/		0			(SPECIFY)			DA	TF 0	10010	
SHE SHOW	7	SIGNATURE,	66	4	-	7		M.D. ASS	1stan	CMED	ICAL EXAMINE	R SIC	NED 9	/30/8	6
MEDICAL CUTE THE CUTE THE SE 4 SHO FUNERAL	4	EXAMINER'S		lliam -	M 7.=	ane, M.	D		111 1	Penn	St Ra	alto.MD			
TO MEDICAL E. PAGECUTE THE OPECEUS SHOWN TO FUNERAL D AFTER DEATH, OPECEUS BATTIMORE, M.	-	(TYPE OR PRI			11. 40			ADDRESS.				a.r. co.rib.			
117	730	(SPECIFY)	TION, REMOVAL					RY OR CREMAT		CITY	CATION OR TOWN Lair H	arford	OUNTY	STA	
07/84 BP 30/	24	Burial FUNERAL DIRECT	TOP	10-3-	1986	Bel	Air M	Memoria	Gar			Sh REGISTRAR	S SIGNIATI	_Md/	
DHMH - 17			hn,11750	Polo:	ADDRESS	Vingo	:110 4	Ad 2100	+						
(VR A15 ME (5))	E	.r.Lassa	1111,11/00	peral	T KU.	. KIIIYSV	TITE'	10.2108	B	OTO	2 1000	Lelia Ta	ideal	Bada	10

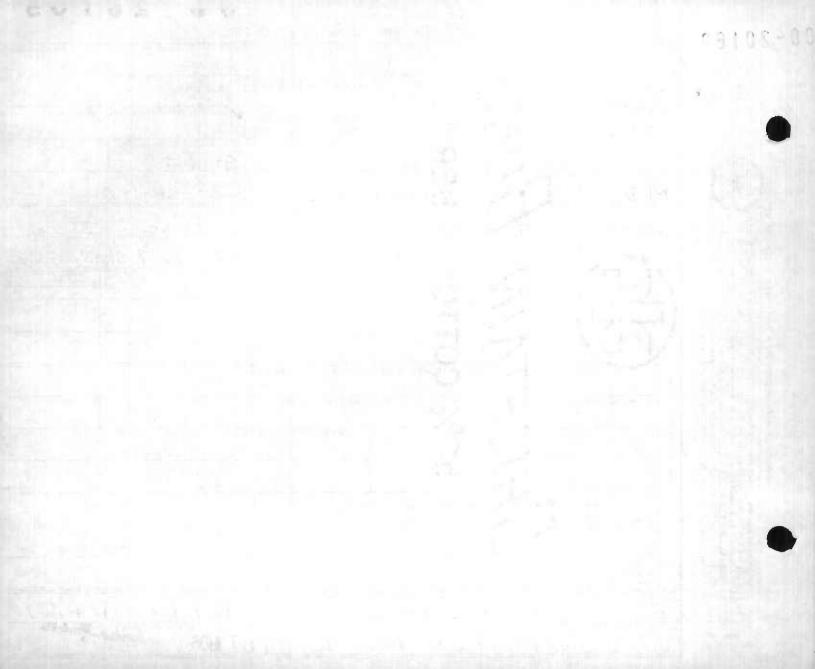
STATE OF MARYLAND FOR - STATE S CERTIFICATE OF DEATH REGISTRAR REG. NO L DECEASED NAME 20. DATE KNOWN TE MONTH 2b HOUR (TYPE OR PRINT) FUNERAL DIRECTOR.
FOR YOUR FILES.
DWITHIN 72 HOURS
W PRESTON STREET, DEATH MATED Donald Ford 26 19 86 DATE OF BIRTH 3 SEX 4 RACE & AGE (IN YEARS | IF UNDER 1 YR IF UNDER 24 HRS DATE 7d HOUR YEAR LAST BIRTHDAY PRONOUNCED 6:47P DEAD 1986 26 9. BALTIMORE CITY OR COUNTY OF DEATH SIRTHPLACE (STATE OR L CITIZEN OF WHAT MARRIED NEVER MARRIED Ohio Harford County WIDOWED DIVORCED CITY OR TOWN OF DEATH IT NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 112h KIND OF BUSINESS. OR INDUSTRY tudent Harford Memorial Hospital Havre de Grace UAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONIL 136 COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 1-toward Olymbia Shady YES [6607 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST MIDDLE FORd ITENE DONALC 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO ADDRESS (YES, NO. OR UNKNOWN) CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE CRIVICAL injuries DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO ORALN BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to ED AS A E CERTIFICATION Drowning 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BURIAL, MER. THIS CER.

A. CATE, WRITING THE.

A. CATOR: PAGE 3 SHOULD BE UP

S. STATE DEPARTMENT OF

S. STATE YES X NO T 210 EXTERNAL CAUSE WAS 716 TIME OF INITIRY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING XXOR 9 26 19 86 CONTRIBUTING CAUSE OF DEATH Subject jumped off bridge 21d INJURY OCCURRED 21e PLACE OF INJURY LATHOME 21f LOCATION WHILE AT WORK bridge/water I-95/Susquehana Bridge TO MEDICAL EXAMINER: THIS EXECUTE THE CERTIFICATE, WR PAGE 4 SHOULD BE FORWAR TO FUNERAL DIRECTOR: PAGE AFTER BEATH, WITH THE SYATE BALTHMORE, MARYLAND, 2120 Harford, .MD. 220 I certify that I took charge of the remains described above, held an Autopsy Inquiry and in my apinian Suicide XX Hamicide Undetermined manner Natural conser TITLE (SPECIFY) ACTUAL 9/28/86 Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Gregory R. kauffman, M.D. 111 Penn St. Balto.MD. 230. BURIAL, CREMATION, REMOVAL 236 DATE 231 NAME OF CEMETERY OR CREMATORY 23d LOCATION BAltimore Mendow ridge 25AA 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGN **DHMH** - 17 (VR A15 ME (5))



17762	1-	FOR STATE REGISTRAR		DE	PARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HY FICATE OF DEATH	GIENE 8 6	2 6	0 6
10 F		CEASED NAME FIR	ST	MIDDLE	^	LAST	20. DATE OF DEATH MONTH		26. HOUR
96.0		Toseph	D		GA	nAtoria	Sept. 9.	1986	3:56Pm
1 631	3. SE		4. RACE		5. DATE	OF BIRTH H DAY YEAR	6. AGE IN YEARS LAST BIRTHDAY)	MONTHS DAYS	
17		MALE	W	HITE	JUNE		62	YRS.	HOURS MIN.
35		RTHPLACE (STATE OR FOREK OUNTRY) MARYLAND	Jb. CITIZEN	USA	INTRY? 8. MARRIE WIDOW	ED NEVER MARRIED X	HAR-FOY	UNTY OF DEATH	MD
66	Ha	US de GRA	ce HA	HOLD ON	Memeri Memeri	or other institution	12ª USUAL OCCUPATION 1 TYPE OF WORK FOR MOST OF WORK (RET) ASST. MANAC	KING LIFE) INDUSTRY	OF BUSINESS OR MARKET (A+F
2 25	13e S	AL RESIDENCE LIF NURSING H TATE 13b	OME OR OTHER INSTIT COUNTY	UTION, GIVE RESIDENCE 130. CITY C	CE BEFORE ADMISSION)	13d. INSIDE CITY LIMITS?	136 STREET ADDRESS / ZIP	CODE	
3			MARFORD	HAVRE	de GRACE	YES X NO	1305 CURRIER ST	REET	21078
Fon	14 F.A	THER'S NAME FIRST	MIDDLE	L/	AST	15. MOTHER'S MAIDEN NA	AME	L/	AST
aco		ALBERT			TORIA	JULIA		MALAT	resta
a dicol		VAS DECEASED EVER IN U	S. ARMED FORCE		AL SECURITY NO.	17. INFORMANT	ADDRESS		
1/			WW II		6 9439	_ MISS ROSIE GA	MATORIA	SAME AS	5 # 13e
alease remare carbano rial, cremation, or remo or other traumatic ever		Canditians, if any, wh gove rise to immedic cause (a), stating to underlying cause lo	DUE To the DUE T	O, OR AS A CON b) O, OR AS A	NSEQUENCE OF CLEEN	nescona	lial ufa	1 din	have
or to bury, y injury,	TION	PART 2 OTHER SIGNIFIC		-			minal disease or conditio		
2	RTIFICAT	19a DATE OF OPERATION			WHICH OPERATIO	DN WAS PERFORMED	YES NOTE IN	IF YES, WERE FINDS CERTIFYING CAUSE: YES	S OF DEATH?
11 1	1 CE	210 ACCIDENT WAS UNDERLY	1100	ME OF INJURY R A.M. MONI	TH DAY YEAR	21c. HOW INJURY OCCUP	RRED (ENTER NATURE OF INJURY IN IT	M 18 PART I OR PART ?)	
11/	5	LIF EITHER NOTIFY MEDICAL EX		P.M.	19				
y budy	MEDIC	21d INJURY OCCURRED	CATHO	ACE OF INJURY ME, STREET, FACTORY,	OFFICE_FARM, ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
the of		220.1 certify that (I) (this	hospital) attend	ed the deceosed	from	. 19	, to	19	, that (I) (we) lost
217		saw the deceased all abave, (L. (we) (did) (ive on	hadu after death	_19, o	nd that in (my) (aur) apinian	death accurred on the date on	d have and from the	e causes stated
defoched date Dept.		SIGNATURE V	(. A)	In.	~	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF D DIRECTOR D PHYSICIAN [22c. DATE	9.86
MPORTA		IRVIN		SMAN		1220 ADDRESS LIVIAN A	we Haure d	le GRACE	, ma
	73a. B	URIAL, CREMATION, REM				EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY	STATE
_	24 51	BURIAL	12SE	PTEMBER86	HARF URD	MEMORIAL GARDENS	THEOTING, THINK OF		MD.
16 60M 7/B4		INERAL DIRECTOR		AD	DDRESS	UL	TERECO, BY REGISTRAR 256. R	GISTRAR'S SIGNA	TURESCALLA
RA 15, 4)	MI	CHELL FUNERAL I	HOME PA, H	AVRE de GF	RACE, MD.	21078	A		

The second of th MEL TEST OF A SECRETARIAN OF THE PARTY OF Plats with a distance of the same of the s

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

DHMH - 16 50M 4/83

(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIE
CERTIFICATE OF DEATH

GIENE	8
OILILE	

261

-1		REGISTRAR				CERTIF	CATE OF	DEATH	REC	S. NO.			
ı		CEASED NAME	FIRST		MIDDLE	E/	AST		20. DATE OF DEAT		DAY	YEAR	2h HOUR
1	ITYPE	OR PRINT)	athry	n	В.	Gle	nn			09	28	86	5:55pm
1	1 SEX			4 RACE	200	5. DATE O			6 AGE (IN YEARS LAS		IF UI	NDER I YEAR	IF UNDER 24 HRS.
1	1	Female		White	e	Ju.		1912	74	Y	RS.	HS DAYS	HOURS MIN.
9		RTHPLACE STATE OR F	OREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	□ NEVED	MARRIED -	9 BALTIMORE CIT	Y OR COU	NTY OF	DEATH	
1		Maryland		U.S.	.A.	WIDOWE		NORCED	Harford (Co.			MD.
1	10 CI	Y OR TOWN OF DEA	тн	IF NOT IN SUC	HOSPITAL, NURSIN THEACHTY, GIVE STREET A CONVALES	ADDRESS1			120 USUAL OCCUP ITYPE OF WORK FOR MO Homema	OST OF WORKI		26. KIND C NDUSTRY At H	OF BUSINESS OR
9		AL RESIDENCE I # NURS STATE Md.	36 DUN	OTHER INSTITUTION		ADMISSION)	13d INSIDE (NOX	13e.STREET ADDRE	SS / ZIP C			1236
3/) FA	THER'S NAME William	n	MIDDLE	Cossen			S MAIDEN NA	ME	LE		Newlo	st n
ď		VAS DECEASED EVER			166 SOCIAL SECU	RITY NO.	17 INFORM	ANT	AC	DRESS	W-1		Di Jelen
	I.	YES NO OR UNKNOWN)	(#F YES, GIV	E WAR OR OATES)	214-30-	3365	Mi	chael J	. Glenn,	Jr. G	rber	Nurs	erv Rd.
7	CERTIFICATION	Conditions, if any, gove rise to imm couse (a), stotin underlying cause PART 2 OTHER SIGN 190 DATE OF OPERAL	which nediate go the last.	DUE TO, O DUE TO, O (b) DUE TO, O (c)	R AS A CONSEQUE	NCE OF SM	C NOT RELATE	UL C	AINAL DISEASE OR C	CONDITION 20b. II	F YES, W	ERE FINDII	NGS USED S OF DEATH?
+	MEDICAL CER	710. ACCIDENT WAS UNCOR CONTRIBUTING CE EITHER, NOTIFY MEDICAL TO THE WAS ALL WOOD TO	CAUSE OF DEA	HOUR A. P. 21e PLACE [AT HOME, ST	M. MONTH DA M. OF INJURY REEL, FACTORY, OFFICE, F. the deceased from	19 ARM ETC)	21f. LOCATI STREE	19	, to deoth occurred on the	DRIOWN he date and	, 19_ I hour an	COUNTY	state that (I) (we) last e causes stated SIGNED SEQUENTE MAD
		BURIAL, CREMATION,	REMOVAL	73b. DATE	23c N			CREMATORY	73d LOCATION CITY OR TOW			DUNTY	STATE
	24 FU	Burial UNERAL DIRECTOR Leonard	J. R	110-1- uck, In	1986 c. 5305 H	112/17	kwood d Road	250 DA	FO1 1986	timor RAR 36 RE		R'S SIGNA	Md • TURE

· CALL ETTE TER endir unthir convalences teater Homenstar athle 105 Tenda to Ave 2 21235 entities in STD FATO GERMON 21 - 2-35. Itemst .. Blent, it. brief uters ut.

> Durdens 11-1-1560 mg raggroupe Theorem d. mick inc. 2005 that total took

SIC IS L

norwell

CERTIFICATE #86-26110



17000	1.	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	YGIENE O REG. NO.	26111
1-17306	Take	CEASED NAME THAT		Guthrie	20. DATE OF DEATH MONTH	3 486 830 M
The state of the s	1.58	Female	white	5 DATE OF BIRTH	8 4 YE	MONTHS DATE HOURS AND
	1	TY OR TOWN OF DEATH	U . S - A	MARRIED NEVER MARRIED WIDOWED DINORCED DINORCED INC.		Hapford mo
	Ha	UTE LE CIMEE	Hartord Men	onal Hospital	HOUSEWIFE	THE KIND OF BUSINESS OR
	13a. :	TATE 112 COU	INTY LIGHT OF TO		130 STREET ADDRESS / ZIP CO	N 1 41 409 //
0/2	1	YAS DECEASED EVER IN U.S. A	RMED FORCES THE SOCIAL SEC	H CALL	ADDRESS A	AHERS
U /		716	212-14	8094 AMMAB	ELLE HORI	APPRÖXIMATE INTERVAL BETWEEN ONSET AND DEATH
idex requires that the death cardio on been agend by the ottending parent. Then places remove carbon as prior to borral, cremantion, or remover on the prior to borral, cremantion, or removed to the prior to the pr	PICATION	Conditions, if any, which gove rise to immediate come is: stating the underlying course law.	DUE TO, OBAS A CONSEC	DEALHAUT, NOT RELATED TO THE PER	AUTOPSYT 194 IF	RTIFUNG CAUSES OF DEATH?
Trisclan, The confidence of th	MEDICAL CERTI	TIR. ACCIDENT WAS UNDERSTOND. OR CONTRIBUTING CAPES OF DI (IF EITHER, NOTED INDICAL EXAMINE 214 PAJURY OCCURRED.	HOUR A.M. MONTH P.M. 21s PLACE OF INJURY	DAY YEAR 19 211 LOCATION	TES NO URRED (LIMITER NATURE OF PRICES OF TEM	
OR ATTENDENC Pre- halpitel or other DRECTOR, After the ched for one as the Next, at Health and frem 21 is modified.	ME	27s. t could yet at more 27s. t could yet at more 27s. t could yet at 10 min hosp sow 15t decepted alive a above. N we addidy did n 29s. 51g/4 ATURE	pitol, attended the deceased from 9 3 19.	and that in (my) (our) opinic	to 9 - 3	, that (I) (we) lost have and from the causes stated
TO HOSPITAL stained by the TO FUNERAL (Wavid be detto with the State (1	220 PHYSICIAN'S NAME (TYPE	1WA M. D.	318 to. Mu	non As HAD	15 08 GNAVE
ВР		BURIAL	9-6-87 236	RIEW DS	CALVER	T Coul MD
DHMH - 16 60M 7/84 (VRA 15, 4)	1	NAME FORTO	FUILERAL P	TOME MD	P 8 1986	GISHRAR'S SIGNATURE

(VRA 15, 4)

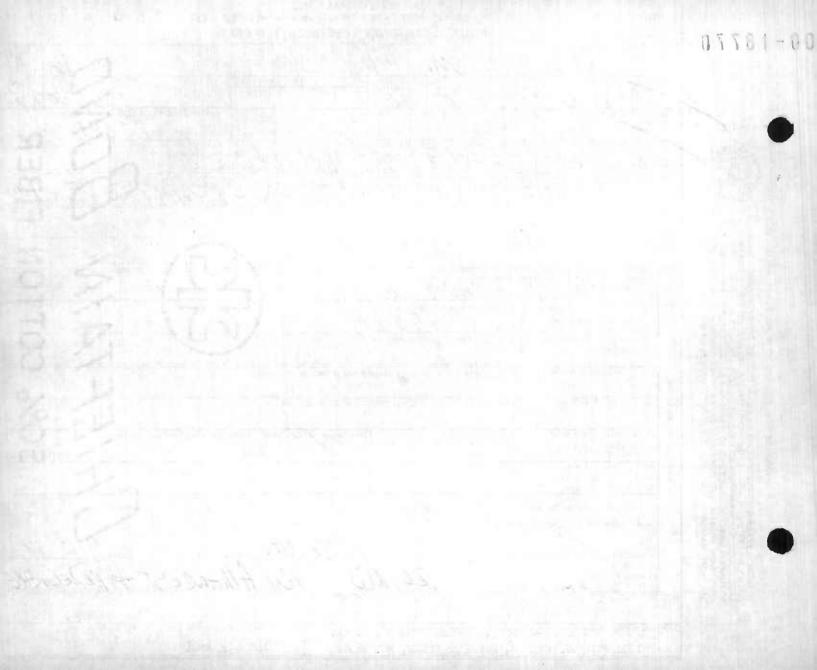
STATE OF MARYLAND

The state of the s

The property of the control of the c

Civas a duran da dayan can dayan

			1	FOR STATE			DEPARTMENT OF	TE OF MAR		YGIENE O	2	6	i	4
10	- 1	8770		REGISTRAR		MEI	DICAL EXAMIN	ER'S CER	TIFICATE O	FDEATH	REG. NO.			
, ,		MANNE.		DECEASED NAME (TYPE OR PRINT)	2011.	ini	MIDDLE .	High	25	20. DATE OF DEATH	ESTI- MATED	AONIDA / BA	18/	26 HOUR
		RY, REAS DIRECTOR DUR FILES 72 HOUR ON STREE	1	SEX AT TR	ACE SE	DATE OF BIRTH	YEAR O AGE (IN YE	11. September 1997	TYR. IF UNDER S	and the same of th	E NCED	9/12	.86	21 H349
1		PAR	3	OR WYOUNTRY		CHIZEN OF WE	HAT COUNTRY?	MARRIED [NEVER MARRE	D &	AORE CITY OR	COUNTYO	DEATH	MD.
		S CONTRACTOR S	6	KILL DE	SHE	HAX.	FITAL NUISING HOME	OR OTHER IN	RIPL	FOR MOST OF WO Disable	RKING LIFE)		or industration	RY
	10212.1	2200	5	STATE AN	113b. COUNTY	ORD	RESIDENCE BEFORE ADMISSIN	FACE YE	S NO A	13e STREET ADDR	ETNE!	RDF	132 K	1248
	RE, MD.	SESTH SESTH	0	John	M		Hinds		NOTHER'S MAIDEN Sally	NAME B.		Hin	rds	
	ALTIMO	URS AFTER I 8. GIVE PA(WITH FOR T. PAGES DIVISION	/	60. WAS DECEASED EV (YES, NO, OR UNKNOWN) Yes	ER IN U.S. ARMED	FORCES? OR DATES)	166 SOCIAL SECURIT	010	stawonna	Kesecker	ADDRESS Large	nt, W	J	2
	RDS, 201 W. PRESTON ST.	THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR E, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. WARDED TO THE CHIEF MEDICAL EXAMINER ALONG W PAGE 3 SHOULD BE USED AS A BURAL, TRANSIT PERMIT 21731 PRIOR TO BURAL CREMATION OR PEMOVAL	OR REMOVAL	Canditions, i gave rise t cause (a) stat lying cause lo	I WAS CAUSED BY IMMEDIATE C. If any, which a immediate ing the under- ist.	: AUSE (a) (DUE TO, OR	AS A CONSEQUENCE OF	DF	SHRY	D150	ASE	В	APPROXIMATE	AND DEATH
	TAL RECORDS	SHOULD BE CHIEF MEDI CHIEF MEDI E USED AS A COF HEALTH	2	19s. DATE OF OPE	RATION	19b. CONDIT	TION FOR WHICH OPER	ATION WAS PE	ERFORMED?			20	AUTOPSYT	? NO 📉
	DIVISION OF VITAL	G THE WC TO THE (HOULD BE ARTMENT	3	UNDERLYING CONTRIBUTING	OR CAUSE OF DEAT	TH P.M	MONTH DAY YEAR		NJURY OCCURRED	LENTER NATURE OF I	JURY IN ITEM 18 PAR	RT 1 OR PART 2)		
	DIVIS	E, WRITIN RWARDED PAGE 3 S STATE DEP	10712	21d. INJURY OCCU WHILE AT WORK AT		STREET, FACT	OF INJURY (AT HOME, ORY, FARM, ETC.)	21f LOCATION STREET	ON	CITY OR TO	NWC	COUNTY		STATE
	•	TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, WE PAGE 4 SHOULD BE FORWATO FUNERAL DIRECTOR: PAR AFFER DEATH, WITH THE STATEMORE MARY AND 21X.	MORE, MORE LOUISE,	ACTUAL SIGNATURE EXAMINER'S NAA (TYPE OR PRINT)	AE LUIS	E RE	Hel, M	ADDR	Hamicide	Undetermined m MEDIC AL EXAL All Au	anner .	DATE SIGNED	e del	86 ANG
	07/84 25M	BP		30.BURIAL, CREMATION (SPECIFY) Buria	.1 9/	15/86	Enon Bap	tist Cer	metery		, Morga		ity, W	ATE V
	ZUM	DHMH - 17 (VR A15 ME (5)					JRKLEY SPRINGS de GRACE, MD			P 22 198		RAR'S SIGN	ATURE	III.



	1,	FOR			DEPARTMENT		MARYLAND H AND MENTAL	HYGIENE O	26		3
00+1962	3	- STATE REGISTRAR		ME	DICAL EXA	MINER'S	CERTIFICATE	OF DEATH REG	G. NO.		1
-		DECEASED NAME	FIRST		MIDDLE		LAST	2a. DATE KNOW OF ESTI-		DAY YEAR 26	b. HOUR
28.5.5.E.	1012		William			Horr		DEATH MATE	9/23	186 9	M
FE FE	3.	SEX 4 RA		DATE OF BIRTH	YEAR LAST	(IN YEARS IF U		MIN. PRONOUNCED	MONTH		05
NON 272			ack	1/29/1	908 78	YRS.		DEAD	9/25	186 8	Ba M
LESS ERAIL	7"	BIRTHPLACE (STATE OF FOREIGN COUNTRY)	76.		HAT COUNTRY?	8. MARE	RIED NEVER MARI	RIED N. BALTIMORE CI	TY OR COUNTY O	OF DEATH	
DELAY IS NECESSARY, PLEASE 31 TO THE FUNERAL DIRECTOR. 10 MR PAGE 5 POR YOUR FILES. 10 MR FILES. 10 MR FILES.		outh Caro		U.S		WIDO	WED DIVOR	TIZE USUAL OCCUPATION		KIND OF BUSIN	MD.
YY IS THE FIEE	2		AIN III	(IF NOT IN SUCH FA	CILITY, GIVE STREET AD	ORESS)	HEK INSTITUTION	FOR MOST OF WORKING LIFE)	OR INDUSTRY	
DELAY 3 TO THAIN PACE		allston BUAL RESIDENCE (# IN N	IURSING HOME OF OT		on Gener			Laborer		Farming	5
D D D D D D D D D D D D D D D D D D D	13	. STATE	136 COUNTY		13c. CITY OR TO	WN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	A 01	1047	
1 = h-33	2	MD FATHER'S NAME	Harfo	ord	Fallsto	n	YES NO X		u. 21	1041	
1 25 250	17	Ben	M	IDDLE	Horry		Estell	MIDDLE	Ma	ajor	
0 446.0	7	. WAS DECEASED EVE			166 SOCIAL SE	CURITY NO.	17 INFORMANT		RESS	2,01	
S AFTE GIVE P PAGES VISION	/	(YES, NO, OR UNKNOWN)	(#F YES, GIVE WAR	OR DATES)	249-0	7-2487	William	McK. Hall	same	as abo	OTTO
ST. BALI DURS AF 18. GIVE S. WITH AIT. PAGE, DIVISIG	/ F	18 CAUSE OF DEA	TH (Enter anly o	ne cause per line	1 2 . 7	- 191	/ /	/ /		APPROXIMATE INT	
A 25052		PARTIDEATH	WAS CAUSED BY	(:	C	OROW	Any 14	eat DIX	co4	BEIMEEN ONSELVA	DUÇAH
PRESTON THIN 24 F CIL IN ITEA ACR ANSIT PER REMOVAL					AS A CONSEQUE	NCE OF	ASCU	^		DO DE LA	13.7
201 W. PRES UTED WITHIN IN PENCIL IN EXAMINER ? RIAL TRANSI AMAL TRANSI D MENTAL H ON, OR REM		Conditions, if gave rise to	immediate	(b)			14JCC	(1)。			
201 W. JTED W. SXAMIF. ARI-TR. ANENTON, OR.		couse (o) statis		DUE TO, OR	AS A CONSEQUE	NCE OF		1112453			
CUTE CUTE IN PLANT IN				(c)							
RECORDS. ID BE EXEC PENDING. MEDICAL MEDICAL MEDICAL CREMATI			INT CONDITIONS CONT	TRIBUTING TO DEATH	BUT NOT RELATED TO T	HE TERMINAL OISEA	SE OR CONDITION GIVEN IN P	ART 1 (a)			
MECO MED BE MED AS CRE	_	190 DATE OF OPEI	PATION	TION CONDI	TION FOR WHICH	OPERATION	VAS PERFORMED?			20. AUTOPSY?	
FUITAL R FORDUIT WORD "P WORD "P FE CHIEF" FE CHIEF" FE CHIEF "P FE CHIEF" FE CHIEF "P FE CHIEF"	2			178 COTABI	HOTTOK WITHEI	O' EKATION Y	VASTERI GRALED.				10 9
WORD WORD TE CHIE		21a EXTERNAL CA	USEWAS	216 TIME OF		21c F	IOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN IT	EM 18 PART T OR PART 2)		NO 🕱
N OF ICATE VOLDE RAMEN	2		OR CAUSE OF DEA		A. MONTH DAY	YEAR					
DIVISION S CERTIFIC RITING TH RDED TO PE 3 SHOUL E DEPART		CONTRIBUTING [21e PLACE	OF INJURY (AT HE		OCATION				
DIVISIC THIS CERTII WARDED T WARED SH TAGE 3 SH TAGE 2 SH		WHILE NO	T WHILE	STREET, FAC	TORY, FARM, ETC.)		STREET	CITY OR TOWN	COUNTY		STATE
DIN LER: THIS C CATE, WRII FORWARD OR: PAGE HE STATE ND, 21201				the remains des	scribed obave, held	lan Auta	psy , Inspecti	on X , Inquiry .	and in my opinio		
A HISTORY		deoth resulted fro		-	Accident .	Suicide	Homicide .	Undetermined manner		20	
ERTIIL B				P			TILE (SPECIFY)				
AL SECTION OF THE SEC		ACTUAL SIGNATURE	ues	0 /	u	01	A.D. Deputy	MEDICAL EXAMINER	DATE SIGNED_	9/25/86	5
MEDICAL CUTE THE SF 4 SHO FUNERAL ER DEATH	2	EXAMINER'S NAM	F Turic E	Poniol	I M D		464 7	Alliance St.Ha	avreDeGra	ce. MD X	2
TO MEDICAL EXAMINER: TO EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW. TO FUNERAL DIRECTOR: PAFER DEATH, WITH THE ST. AFTER DEATH, WARY LAND.	7	EXAMINER'S NAM (TYPE OR PRINT)					_ADDRESS				
		BURIAL, CREMATION					OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY	STATE	_
BP		Cremation Funeral Director	1 9/	26/198	36 Carr	OII CI	ematory	Hampstead REC'D. BY REGISTRAR 256.	REGISTRAR'S SIGN		1.
DHMH - 17 (VR A15 ME (5))		NAME	en Kurt	ADDRESS	arretts	rillo	1.754	29 1900 1	. ~ .		
15AA 2/80	_	11. Grande	II Vari	00	TITELUS	ATTTE	Md.	Hu	was dicarden	Ludies	

ayout at what was a second as a first of

the face of the first of the second of the first of the f

		1	FOR - STATE REGISTRAR		DEPARTM	STATE OF MARYLAND ENT OF HEALTH AND MENTAL H' CERTIFICATE OF DEATH	YGIENE 8 6	25110
U - 1	8151		CEASED NAME FIRST	MIDDLE		LAST		MONTH DAY YEAR 26. HOUR 20
1	7.5	{TYI	PHILLP	MICHAEL	IN	GRAM		9-3-86 8 PM
	d a	3.5		4 RACE		5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRT	HDAY) IF UNDER I YEAR IF UNDER 24 HRS
	recto		М	В		3 A 47	39	YRS
	163	7	BIRTHPLACE (STATE OF FOREIGN COUNTRY)	76 CITIZEN OF WHAT	T 1879 1	MARRIED TO NEVER MARRIED TO WIDOWED TO DIVORCED TO	HARFORD	COUNTY OF DEATH O COUNTY MD.
w	1	1,0 (TITY OR TOWN OF DEATH		TAL, NURSING	HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	ON 126. KIND OF BUSINESS OR INDUSTRY
310	1 2 2 2 2	esi	AT RESIDENCE (IF NURSING HOME O	ROTHER INSTITUTION GIVE RE	SIDENCE BEFORE A	DMISSION)	Saw Oper	
2	23 7	5 13n	Md. Harf		ity or town gewood	YES X NO		zip code on Ct. 21040
7.7		14) F	ATHER'S NAME			15. MOTHER'S MAIDEN N		21040
Y Y	9 /8/	W	FIRST	MIDDLE	LAST	Rella	MIDDLE	Ingram
	/0-	160	WAS DECEASED EVER IN U.S. AI	RMED FORCES? 1		TIOTIA	ADDRE	
W	1/2 1/			1969 21	6-48-2	064 Juanita In	gram same as	ahove
411	2 0 4 4	-				O ddiii od Iii	gram same as	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
0	phys on phys emove		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSI	ED BY: TE CAUSE (o)	ARD	10 Pur MMA	uy AMRI	-TT BETWEEN ONSET AND BEATH
5	and in ce			DUE TO, OR A6 A	90NSEQUE	HCE OF A	1	1 2mm
2	after orte ntion		Conditions, if ony, which gove rise to immediate	(b) h	4 KGZ	CELL CH	rciNom	A ZINII
	other t		couse (a), stating the underlying couse lost	DUE TO, OR AS A	CONSEQUEN	ICE OF		
35, 20	igned ingred or buriol	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIB	BUTING TO DE	ATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CONE	DITION GIVEN IN PART 110
KECOK	And the recognition of the prior of the prio	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION I	FOR WHICH C	PERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
ISION OF VITAL		188	710. ACCIDENT WAS UNDERLYING	7 21b. TIME OF INJU	IRY	21c HOW INJURY OCCI	JRRED (ENTER NATURE OF INJUR	YES NO NO VINITEM IS PART 1 OR PART 23
1	15 111 19	F 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	OR CONTRIBUTING CAUSE OF DE		NONTH DAY	YEAR		
Z	We will die	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	21e PLACE OF INJ	URY	21f. LOCATION		
S S	1 1 1 1 1 1	×	NOT WHILE	(AT HOME STREET, FAC	TORY, OFFICE, FAR	RM. ETC.) STREET	CITY OR JOV	VN COUNTY STATE
No.	A A A		220.1 certify that II) (this hosp	ital) ottended the dece	sed from Q	28/78/2006	10 7	3 10 86 that (IV (we) lost
1	1 1 5 5 F			ot) yew the body ofter d		2 , and that in (my) (our) opinic	on death occurred on the do	te and hour and from the causes stated
	T T T T T		276 SIGNATURE	of yew the body offer d	leath.	DEGREE	,	225 DAYE SIGNED
	A MANUEL TO A CONTRACT OF CONT			July	~X	ATTENDING PHYSICIAN	DIRECTOR PHYSIC	F - 19/4/86
1000	O FUNER hould be a whole he su		228. PHYSICIAN'S NAME TYPE	EDWARD	N	Aust	in Bery	21047
		230	BURIAL, CREMATION, REMOVAL			ME OF CEMETERY OR CREMATOR	CITY OR TOWN	COUNTY STATE
	BP		Burial	9/8/86	St.	James United	HavreDeGra	ce Harford Md.
D	HMH - 16 60M 7/B4 (VRA 15, 4)	24 1	Arñold Beard Ha	avreDeGrace	MORRESS .	25o. D	ATSEP 16 1986	Sh REGISTRAR'S SIGNATURE

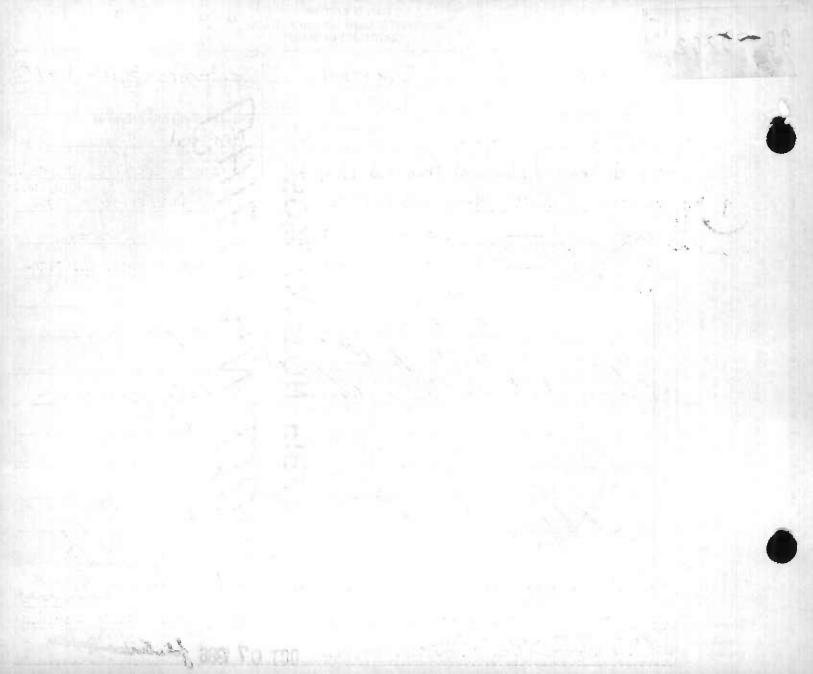
and the second s

the laws to the property of the second of th

· E (TENTE TO DE COURT OF COURT

Library of the contract of the

to topols ... the mereum at the



	1		Items:	18a,&Part :	2 12/1/86	EPART	SIA MENT OF	TE OF N	AND MENTA	AL HYGIEN	IF /	0 4		4	a
00-188	81	1-	STATEG-622 REGISTRAR	M.Ex cm					ERTIFICATI	4.5	THU	NO.	-	1	u
		1. DEC	CEASED NAME	FIRST		WIDDLE			LAST		20 DATE KNOW		H DAY	YEAR	2h HOUR
J.R.S. LES.	H.			Keitl	n	Davi	d	_	enkins		OF ESTI- DEATH MATED	9	20	19 86	M
SARY, PLEASE DIRECTOR. YOUR FILES.	ON STRE	Ma	le	Cauc.	5. DATE OF BIRTH	YEAR	6. AGE (IN YEAR LAST BIRTHD)	MONTH		DER 24 HRS.	PRONOUNCED DEAD	MONTH 9	20	1986	12:30 D M
FOR ALL	35	7a Bit	RTHPLACE (STA	ATE OR	76. CITIZEN OF WH	AT COUN	ITRY?	8 MARRI WIDOW	ED NEVER MA	ARRIED X	9 BALTIMORECI Harford	_		PEATH	MD.
5 年 2 日	011	m. C	TY OR TOWN C	OF DEATH	11 NAME OF HOSE	PITAL, NU	RSING HOME	, OR OTH	ER INSTITUTION		UAL OCCUPATION MOST OF WORKING LIFE		12b KI	ND OF BU	SINESS
P P P P	20	1	Fallsto		Fallst	on G	eneral	Hosp	ital		tudent		_	-	
Z1261 ANY D AND 3 RETAIN	Carrier Street, M.	Md Md	ATE	13b. COUN	ROTHER INSTITUTION, GIV TY Ford	13c. CITY	ORTOWN		13d INSIDECITY LIMIT	13e. STR		Pos	a To	nna	Ma
7 2 3 5 W			THER'S NAME	1101	MIDDLE		LAST		15. MOTHER'S MA		MIDDLE	Rua		1085	· MO
MAND WAY	11		vid Je						Anita	a Bar	raclough	1	21	2005	
TIMO FOR ES	8 /	. (YE	5, NO, OR UNKNOV	EVER IN U.S. ARA			IAL SECURITY		17 INFORMANT		ADDR	ESS			
S AF GIV	§/	No			-	_	-82-1	956	David	Jenk:	ins,4016		vage	Rd	-
N	ENE. D		PART I DE		y ane cause per line D BY: TE CAUSE (a) Ca			av C	ongenital	Heart D		.236	BETY	PPROXIMATE WEEN ONSET	T AND DEATH
6 M	NOV!		11.00		DUE TO, OR	AS A CON	ISEQUENCE ()F		24711					
A PARK	TAL Y		gave rise	s, if any, which to immediate	(b)		7 17								
201 W UNED V IN PER	D WEN		cause (a) s lying caus	stating the <u>under</u> e last.	DUE TO, OR	AS A CON	SEQUENCE C)F							
DIVISION OF VITAL RECORDS, S CERTIFICATE SHOULD BE EXEC RTING THE WORD "PENDING" REDIO THE CHIEF MEDICAL EE 3 SHOULD BE USED AS A BUR	REMATI	NO	PART 2 OTHER SIG	NIFICANT CONDITIONS	CONTRIBUTING TO DEATH B		TEO TO THE TERM	NAL OISEASE	OR CONDITION GIVEN	IN PART 1 (a.e.					
NL RE OULD O' PEI EF A	1 A E	CERTIFICATION	19a DATE OF	OPERATION	196 CONDIT	ION FOR	WHICH OPER	ATION W	AS PERFORMED?		J. 10 10 10 10 10 10 10 10 10 10 10 10 10		20 A	AUTOPSY?	,
N SHOW	0 2 Z	RTIFI	21a EXTERNAL	CALLETANAS										YES 🛣	NO 🗆
INFICATE TO THE WOOLUD	ARTMEN IOR TO	CALCE	UNDERLYING CONTRIBUTIN	OR G CAUSE OF D	DEATH P.M.	MONTH	DAY YEAR			JRRED (ENTER)	NATURE OF INJURY IN ITE	W 18 PART 1 OR	PART 2)		
T334	ATE DEP	MEDICAL	21d. INJURY OF WHILE AT WORK	NOT WHILE C	21e PLACE C STREET, FACTO				CATION		CITY OR TOWN	C	OUNTY		STATE
NER: T CATE, FORW	AND, 2				e of the remains desc			Autops		ection .	Inquiry .	and in my	apinion	-	
RECIENTIFIED BE	WITH WRYD		death resulted	d fram: Natur	al causes XX.	Accident	ل_أ, Svi	cide	Hamicide L		ermined manner	_].			
N SOUTH OF THE SECOND OF THE S	Ĭ.,₹		ACTUAL SIGNATURE_	Tele	-//			AA	TITLE (SPECIFY D. Assista	1	ICAL EXAMINER	DATI	9	/22/8	36
TO MEDICAL EXAMINER: TEXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW.	C NEA		EXAMINER'S N		William	M. Z	ane, M	D.	11	1 Penn		to.MD			
D P P G P	A 8	23a.Bt	RIAL CREMAT	ON, REMOVAL 2					CREMATORY	23d. LC	CATION				
07/84 BP		(5)	rial		9/24/86					CITY	ens, Fal	lstor	n M	ld.	ATE
25M DHMH -				R Funer	cal Home	, In	C.		25a. DA	TE REC'D. BY	REGISTRAR 256 R				- 1
(VR ATS MI	E (5))	97	05 Bel	air Roa	ad, Balt	0.,M	d. 21	236		EP-23	1300				3

Sep 24 1986

24 FUNERAL DIRECTOR DHMH - 16 60M 7/B4 Leonard J. Ruck, Inc. 5305 Harrord Road 21214 (VRA 15, 4)

Burial

(SPECIFY)

Baltimore Cemetery

STATE OF MARYLAND

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

22c DATE SIGNED

9/23/86

Maryland

2b. HOUR

12b. KIND OF BUSINESS OR

IF UNDER 24 HRS

IF UNDER 1 YEAR

INDUSTRY

Maryland

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

STATE

YES [

19.

Baltimore

21040

LAST

30/19/10

Leturis Company Company Company Latrice Company Latrice Company

Goognad o. Den, Inc. 9305 Horlow Road 21214

7	1	FOR - STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 5	26:20
19/205		CEASED NAME FIRST	MIDDLE MASU	Tasi	REG. NO. 20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR 750
ctor, pog	3. SI	× Female	1. RACE Black	5. DATE OF BIRTH MONTH DAY July 24, 1907	6. AGE (IN YEARS LAST BIRTHDAY) 79	IF UNDER I YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
nerol dire	70. 8 M	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY		9. BALTIMORE CITY OR COUNTY Har ford	NTY OF DEATH
by the further de method	10.0 Fo	ITY OR TOWN OF DEATH		ING HOME OR OTHER INSTITUTION	128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN Homemaker	I2b. KIND OF BUSINESS OR INDUSTRY
filled in hould be	130	AL RESIDENCE (IF NURSING HOME OR STATE 13% COUN Cyland Harfo	ROTHER INSTITUTION GIVE RESIDENCE BEFO NTY 13c. CITY OR TO		13e STREET ADDRESS / ZIP CO 302 Philadelph	DDE Road 21085
ompletely and 2 st		Daniel -	MIDDLE LAST Stiles	- COL OL GO	e middle	Opher
be execu		WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIV	RMED FORCES? 166 SOCIAL SEC VE WAR OR DATES) 220-20-7		Silver Spring Ortimer, 1416 C	,Md. 20904 hilton Drive
physical physical proper encod.		PART I. DEATH WAS CAUSE	nly ane cause per line far (a), (b), a ED BY: TE CAUSE (a)	te Myoradi	il Infaction	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
the death of the attendin remarks cart emotion, or er traumatic		Conditions, if any, which gave rise to immediate cause [a], stating the	DUE TO, OR AS A CONSEQUENCE TO OR AS A CONSEQUENCE TO OR AS A CONSEQUENCE TO THE PROPERTY OF T	Elenne Heres	Disene	1
quires that signed by win please o burial, or oth jury, or oth	z	PART 2 OTHER SIGNIFICANT C	(c) Ch	DEATH BUT NOT RELATED TO THE TERM	TR Kend Faile MINAL DISEASE OR CONDITION	GIVEN IN PART 110
he ibe is the is	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	200 AUTOPSY? 206 IF	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES \(\text{NO} \(\text{NO} \)
SICIAN 1 ng physic certicols right room entol thys		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	ATH HOUR A.M. MONTH	DAY YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)
MG PHY affection on the builth on the builth and M	MEDICAL	WHILE NOT WHILE AT WORK	218 PLACE OF INJURY LAT HOME, STREET, FACTORY, OFFICE		CITY OR TOWN	COUNTY STATE
ATTEND copital o ECTOR, y d for ope it, of Heal m 21 is m		saw the deceased alive on abave, (1) (we) (did) (did na	tal) attended the deceosed from 19_ 11) view the body after death.	, and that in (my) (aur) opinion	, ta death accurred an the date and I	, 19, that (1) (we) last have and from the causes stated
PITAL OF In the h FRAL DIR State Dep		226. SIGNATURE ALLEN A 22d. PHYSICIAN'S NAME ITYPE O	walionly	DEGREE ATTENDING PHYSICIAN 220 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	989 PS
TO HOSE retained TO FUN should b	23n	ANDROW NO	ownersky	MD 125 H	V. MAIN ST	BROIR, MP
BP		ISPECIFY) Burial UNERAL DIRECTOR	h	Sbury II.M. Cemetery	23d LOCATION CITY OR TOWN TOTELEY TE REC'D. BY REGISTRAR 25b. REG	Balto Md.
DHMH - 16 60M 7/B4 (VRA 15, 4)		NAME	TTT. Abinddon,			Tour le a Tour

TE OF SEADYLAND

-17929	1.06/	REGISTRAR EASED NAME	FIRST		MIDDLE		FICATE OF D	- MIII	2a DATE OF	REG. NO		DAY	YEAR	2b. HOUR
n.e		CR PENJ)			_				24 DATE OF	DEATH	A A	DAT		26. HOUR -
osp qeo	1.56)		Norm	4. RACE	Fay	S. DATE	ones		6. AGE (IN Y		9	/1	86 R I YEAR	JE UNDER 24
1 00 ~	4. 267	AND DESCRIPTION OF THE PARTY OF				MONT	H DAY	YEAR	6. AGE (INY	EARS LAST BIRTH	HDAY	MONTHS	DAYS	HOURS A
	7 00	FEMALE		WHIT			OBER 3,	1927		8	YRS.			
2 20		RTHPLACE (STATE OF	R FOREIGN	76. CITIZEN OF		MARRIE	D NEVER A	MARRIED -	9 BALTIMO	RE CITY OR	COUNT	Y OF DE	ATH	
		MARYLAND		US		WIDOW		VORCED	Hart					1,61-0
11//	10. C.	TY OR TOWN OF DE	EATH	II. NAME OF	HOSPITAL, N JCH FACILITY, GIVI	URSING HOME (E STREET ADDRESS)	OR OTHER INST	TITUTION	120 USUAL (OCCUPATION FOR MOST OF			KIND OF	BUSINESS
1100	_	rre de grac		Harford			lospila		(RET) M	ACHINE	OPERA	ATOR	MET	AL CO.
200	III. S	AL RESIDENCE IF NUI	13b COUN	OTHER INSTITUTION	13c. CITY OF		1 13d. INSIDE C	ITY LIMITS?	13e STREET A	ADDRESS /	ZIP COD	E		
100	35	MD	HARFO	RO .	HAVRE	de GRACE	YES 🛛	NO 🗌		SENECA				210
(ED/ h	14. FA	THER'S NAME		WIDDLE	LA	51		S MAIDEN NA.	ME	WIDDIE	103.5		LAST	n Fin
1/KU		THEODORE	5 = 4		REE			OSE		ANNA			RIC	
98 9 /		(AS DECEASED EVE		MED FORCES?	166 SOCIAL	L SECURITY NO.	17 INFORMA	INT	100	ADDRES	SS			
00 4		NO	1,1,1,0,0,1	e wan on Dates)	214 22	2 5931	ALLEN	C. JONES			SAME	AS #	13e	
1111		II CAUSE OF DEA	TH (Enter on	ly one couse pe	er line for (a)	Polyand (C)					4		APPROXIM	ATE INTERVA
others on section from 6		Conditions, if on		DUETO	LON LON	SEQUENCEOF	Gnew	ones	. 4	Sep	te	ا	she	ed
The day requires that the about the second to the other all permit. Then please remove cogene prior to busing, cremation, a second to the seco	BITHICATION	gove rise to im couse (o), stoti underlying cous PARTIZ OTHER SIG	ATION	DUE TO, CONDITIONS CON	OR AS A CON CONTRIBUTION CONTRI	SEOPENCE OF	nela DN WAS PERFO	Ted	200 AUTO	NOIX	206. IF YE IN CERTII	FÝING (FIND A	
physician de des requires mor ne acon- physician. Ilicone has been signed by the other fragiene prior it builds, cremation, of Ilicones any injury, or other traums.	CERTIFICAL	gove rise to imcouse (o), stati underlying cous	mmediote ing the se last. GNIFICANT CLOSE ATION NDERLYING	DUE TO, CONDITIONS CON	OR AS A CON CONTRIBUTION CONTRI	SEQUENCE OF CE	nela DN WAS PERFO	ted	200 AUTO	NOIX	206. IF YE IN CERTII	S, WERE	FIND A	OF DEATH
the physican is due require that he beam the promise are the control to the control of the control of the photos remove consider treatment promise. Then photos remove converted treatment provided treatments of them plays are other trained.	CERTIFICAL	gove rise to im couse (o), stati underlying cous PART 2 OTHER SIG 9a. DATE OF OPER 21a. ACCIDENT WAS UP OR CONTRIBUTING (IF EITHER NOTICY MEET	mediate ing the see last. SNIFICANT CLAST. ATION MDERLYING CAUSE OF DEA	DUE TO, CONDITIONS CON	OR AS A CON CONTRIBUTION CONTRIBUTION CONTRIBUTION OF INJURY A.M. MONTH	SEQUENCE OF G TO DEATH BUT TELEFITY WHICH OPE TIC	DN WAS PERFO	TUNED IJURY OCCURI	200 AUTO	NOIX	206. IF YE IN CERTII	S, WERE	FIND A	OF DEATH
or management in the other operations into the administration. In this is entitled in the bear lighted by the others are the build traplete prior in the build traplete prior in their please remove co and Method traplete prior in their or other traplete. And are through shows any interior or other traplete.	ICAL	gove rise to im couse (o), stati underlying couse PART 2 OTHER SIGNATION OF OPERATOR OR CONTRIBUTING OR CONTRIBUTING TO STATE TO STATE THE STATE OF CONTRIBUTING TO STATE THE STATE OF CONTRIBUTING TO STATE THE STATE OF CONTRIBUTING TO STATE THE STATE OF	ENIFICANT CONTROL OF THE CONTROL OF	DUE TO, CONDITIONS CON	OF INJURY	SEQUENCE OF CE	nela DN WAS PERFO	TUNED IJURY OCCURI	200 AUTO	NOIX	20b. IF YE IN CERTII YE	S, WERE FYING (ES D	FIND A	NO [
of influencing physician. O After this architecture has been ugained by the others are as the burief transity permit. Then please remove contributed and Market frequency prior in buriefs, cremation, a more and are trained as the property intervals.	CERTIFICAL	gove rise to im couse (o), stati underlying couse (o), stati underlying couse (o). PARTIZ OTHER SIGNATION OF CONTRIBUTING (O) OR CONTRIBUTING (O) (FEITHER NOTICE MEET (O)	ATION MDERLYING CAUSE OF DEA RRED WHILE ORA WHILE	DUE TO, CONDITIONS CON	OF INJURY OF INJURY OF INJURY OF INJURY OF OF INJURY TREET, FACTORY, C	SEOPENCE OF G TO DEATH BUT ELECTRIC WHICH OPE THO H DAY YEAR 19 DEFICE, FARM, ETC.)	21c. HOW IN	TUNED IJURY OCCURI	200 AUTO	NO 🔀	20b. IF YE IN CERTII YE	S, WERE FYING (ES PART I OR	PART 2)	DF DEATH
The support of the property of the other regimes into the property of the other support of th	CERTIFICAL	gove rise to im couse (o), stati underlying couse (o), stati underlying couse (o). PARTIZ OTHER SIGNATION OF CONTRIBUTING (O) OR CONTRIBUTING (O) (FEITHER NOTICE MEDICAL COURTS (O) (FEITHER NOTICE MEDICAL COURTS (O)	ATION DERIVING CAUSE OF DEA CAUSE OF DEA DICAL EXAMINER RRED WHITE COMP. The hospit	DUE TO, CONDITIONS CON	OR AS A CON CONTRIBUTION CONTRIBUTION OF INJURY A.M. MONTH OF INJURY TREET, FACTORY, C	SEQUENCE OF G TO DEATH BUT THE COMPANY T	21c. HOW IN	DN 19	200 AUTO YES RED (ENTER NA	NO X TURE OF INJURY CITY OR TOW	706. IF YE IN CERTII YE YIN ITEM 18	Zeus, WEREFYING (ES DARILLOR	PART 2)	OF DEATH NO STA
The hospital or attending physicon. At DRECTOR After this are inframe permit. Their please emboy control DRECTOR After this are inframe permit. Their please remove control DRECTOR in the build frame) permit. Their please remove control DRECTOR in the build frame prior to build. Cremition of the Break and the build frame and in the marked are them they are at their training.	CERTIFICAL	gove rise to im couse (o), stort underlying couse (o). PART OTHER SIGNATION OF OPERATOR OF OPERATOR OF OPERATOR OF CONTRIBUTING (IF EITHER NOTICE MEET ON	ATION DERIVING CAUSE OF DEA CAUSE OF DEA DICAL EXAMINER RRED WHITE COMP. The hospit	DUE TO, CONDITIONS CON	OR AS A CON CONTRIBUTION CONTRIBUTION OF INJURY A.M. MONTH OF INJURY TREET, FACTORY, C	SECHENCE OF CE G TO DEATH BUT ELECTRIC H DAY YEAR 19 DEFICE, FARM, ETC.)	21c. HOW IN 21f. LOCATIC STREET	DN 19	200 AUTO YES RED (ENTERNA , to death occurre	NO X TURE OF INJURY CITY OR TOW d on the dat	206. IF YE IN CERTII YE IN CERTII YE IN CERTII YE IN THE IS IS IT IN THE IS IT IN THE IS IT IN THE I	Zeus, WEREFYING (ES DARILLOR	PART 2)	OF DEATH NO STA
reformed by the hospital or attending physicion. 10 FUNEAL DRECTOR: After the semiscone has been upmed by the others hould be detected for sex as the buried fragment permit. Their please remove contitute State Days of Hearth and Mental Trygene prior to buried; cremation, with the State Days of Hearth and Mental Trygene prior to buried; cremation.	WEDICAL CERTIFICAL	gove rise to im couse (o), stort underlying couse (n), stort underlying couse (n), stort underlying couse (n), store (n),	ATION NDERLYING CAUSE OE DEA OEAL EXAMINER RRED NAME (TYPE OF	DUE TO, CONDITIONS CON	OR AS A CON CONTRIBUTION CONTRIBUTION OF INJURY A.M. MONTH OF INJURY TREET, FACTORY, C	SEQUENCE OF GEODENCE OF GEODENCE OF WHICH OPE TIC H DAY YEAR 19 DEFICE FARM ETC.) from 19	21c. HOW IN 21f. LOCATIC STREET and that in (my) DEGREE A 22e ADDRES	JURY OCCURION 1, 19 (our) opinion of the state of the s	200 AUTO YES RED (ENTERNA , to death occurre	NO X TURE OF INJURY CITY OR TOW d on the dat	TOD. IF YE IN CERTIL YE IN SEA 18 I	Zeus, WEREFYING (ES DARILLOR	PART 2)	STA'
Parameter Strategies of interesting physicians. TO FUNERAL D RECTOR, After this are infection has been uponed by the other board be detected for use or the burief troops prior than please remove count the burief burief troops prior in burief, cremation, but he but to be burief or the burief of the burief troops and the burief troops or the burief. The burief troops are the burief troops or the burief tro	MEDICAL CERTIFICAL	gove rise to im couse (o), stati underlying couse (o), stati underlying couse (o). PART 2 OTHER SIGNATION OF COUSE (O) ON CONTRIBUTING (O) (IF EITHER NOTICEY MEE (O) NOTICE (O)	ATION NDERLYING CAUSE OE DEA OEAL EXAMINER RRED NAME (TYPE OF	DUE TO, CONDITIONS CON	OR AS A CON CONTRIBUTION CONTRI	SECHENCE OF CE G TO DEATH BUT ELECTRIC H DAY YEAR 19 DEFICE, FARM, ETC.)	21c HOW IN 21f LOCATIC STREET and that in (my) DEGREE 22e ADDRES 22e ADDRES	DN 19	ZOO AUTO YES RED (ENTER NA TO deoth occurred MEDICAL DIRECTOR 23d LOCA CITY	NO [X] TURE OF INJURY CITY OF TOW d on the dot STAFF PHYSICI.	TOO. IF YE IN CERTII YE IN CERTIFI	S, WERE FYING (ES) PARTION CO	PART 2)	NO STAT

+	1-	FOR STATE REGISTRAR		DEPART	MENT OF I	E OF MARYLAND IEALTH AND MENTAL HYO ICATE OF DEATH		2 6		2 4
0-18594		CEASED NAME FIRST	м	IDDLE		AST	REG. N 20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
oge 3	{TYPE	Dabu aid S	helley	Marie	<	Fones		9 4	86	132 1
moy b poge ter deo	3. SEX		4 RACE		5 DATE (6 AGE (IN YEARS LAST BIR	THDAY) IF UN	DER 1 YEAR	IF UNDER 24 HRS
ge 4	CONT.	'emale	White	e	Sep	.3,1986		YRS	DATS	4 3
Post of the Post o		RTHPLACE (STATE OR FOREIGN OUNTRY) Tyland	76. CITIZEN OF V	• COUNTRY	MARRIE WIDOWI	D NEVER MARRIED	Harford	OR COUNTY OF	DEATH	MD.
S offer of	-	TY OR TOWN OF DEATH	(IF NOT IN SUCH	OSPITAL, NURSI	T ADDRESS)	DROTHER INSTITUTION	128 USUAL OCCUPAT		2b. KIND O NDUSTRY	F BUSINESS OR
AND 2120	13a S	RESIDENCE (IF NURSING HOME OR TATE 136 COUNTY Har	OTHER INSTITUTION (RE ADMISSION	13d INSIDE CITY LIMITS? YES X NO	130.STREET ADDRESS		e./2	1001
ed within 24 and 2 should should be	14 FA	THER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NA	MIDDLE	No. of the last	LAS	
	111 31		klin	Jones	IDITY NO	Peggy	Lee	Ecc	Bree	eden
BALTIMORE ppers. Poges vol. ft, the medico	160 V	VAS DECEASED EVER IN U.S. AR. ES, NO OR UNKNOWN) (IF YES, GIV NO N	WAR OR DATEST	166 SOCIAL SEC N/A	URITY NO.	Kenneth F. J	ones,19 Abe	rdeen Av	e.,Af	1001 berdeen,M
RECORDS, 201 W. PRESTON 91. Iow requires that the death certiles been signed by the attending premit. Then please remove corbanine prior to burial, cremation, or neminitary, or other traumatic events.	NOI	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse last. PART 2 OTHER SIGNIFICANT C	DUE TO, OR	AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE TO THE PROPERTY OF THE PROP	JENCE OF	+ lobo			N PART 11c	
L RECC	CERTIFICATION	196. DATE OF OPERATION	196 CONDIT	TION FOR WHICE	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WE IN CERTIFYING	REFINDING CAUSES	OF DEATH?
DIVISION OF VITAL NG PHYSICIAN: The offending physicion when this certificate has she buriol-transit put and Mental Hygien orked or the party of the control of the control or the control of the control or the control or the control of the control or the contro	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED	HOUR A.M. P.A. 21e. PLACE C	л. монтн <u>г</u> л.	19	216 HOW INJURY OCCUR	RED (ENTER NATURE OF INJU		OR PART 2)	STATE
NTTENDI spitol or CTOR: A for use of Heal	4	WHIE NOT WHIE 2 AT WORK NOT WHIE 2 220.1 certify that (1) (this hasping the deceased also an order (1) (we) (did did not the deceased of the order (1)) (we) (did did not the deceased of the order (1)) (we) (did did not the deceased of the order (1)) (we) (did did not the deceased of the order (1)) (we) (did did not the deceased of the order (1)) (we) (did did not the order (1)) (we) (we) (we) (we) (we) (we) (we) (w			, o		, to, deoth occurred on the d	, 19_ late and hour and		
HOSPITAL OR A pointed by the house by the house to FUNERAL DIRE, ould be detoched the the Stote Dept.		212 AYSICIAN'S NAME (TYPE O	rrieve	nere	cu	ATTENDING PHYSICIAN [220 ADDRESS 601 5. UNI	MEDICAL STA DIRECTOR PHYSIC	CIAN		
5 € 5 € ¥ ₹	2	URIAL, CREMATION, REMOVAL	23b. DATE			EMETERY OR CREMATORY	23d LOCATION			
BP	- 51	Burial	Sep.6,	1986 An	gel H	ill Cemetery	Havrede	Grace, H	arfor	d, MD TATE
DHMH - 16 60M 7/84 (VRA 15 4)		neral director cring Funeral H	ome, PA, A	berdeen	,MD,21	.001-3399 SF	P 0 9 1986	25b. REGISTRAR	SSIGNAT	URE

	1-	FOR STATE REGISTRAR			DEPARTM	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYO ICATE OF DEATH	GIENE 8 6	2	6 1	2 3
		CEASED NAME	FIRST	,	MIDDLE	ı	AST	20. DATE OF DEATH		DAY YEAR	26 HOUR
	LIAME		Genev	rieve	Α.	Jo	swick	August 3	30. 198	36	M
	3 SE	X		4. RACE		5. DATE C		6. AGE (IN YEARS LAST BI		IF UNDER 1 YEAR	IF UNDER 24 HRS
	1.0	Female		White		Dec.	30,1916 YEAR	69	YRS	ONTHS DAYS	HOURS MIN.
G	7a. BI	RTHPLACE (STATE OR F	OREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIE	NEVER MARRIED	9 BALTIMORE CITY	R COUNTY	OF DEATH	
/	Ne	w York		U.S	. A		D DIVORCED	Harford	1		MD.
O	Ab	ty or town of DEA erdeen		14 Eas	t Aztec S	treet	OR OTHER INSTITUTION	12a USUAL OCCUPAT LITYPE OF WORK FOR MOST O Homemaker		12b. KIND O INDUSTRY	F BUSINESS OR
5	130 5	AL RESIDENCE (# NURS TATE ryland	136 COUN Harf	1TY	GIVE RESIDENCE BEFORE 13c. CITY OR TOWN Aberdeen	N	13d INSIDE CITY LIMITS? YES NO X	13e STREET ADDRESS 14 E. Azte		eet/210	001
17	14. FA	ATHER'S NAME		MIDDLE	LAST		IS MOTHER'S MAIDEN NA	MIDDLE			
KC		Charles		ugust	Lapp		Violet	WIDDLE		Mors	
1	160 V	VAS DECEASED EVER		MED FORCES?	166. SOCIAL SECU	RITY NO.	17 INFORMANT	ADDR			
1		NO	N/	A			Charles Jost	wick, Same A	As Abov		
)		18 CAUSE OF DEATH PART I. DEATH W		ily ane cause per D BY: TE C AUSE (a)	line far al lbi, and	10-	Fulmonary	, arres	+	APPROXI BETWEEN C	MATE INTERVAL ONSET AND DEATH
	NO	Conditions, if any, gove rise to imm cause (a), statin underlying cause	nediate g the last.	(b)		NCE OF MARY	Carcinon NOT RELATED TO THE TERM		DITION GIVE	EN IN PART 1(c	,
X	CERTIFICATION	TIL DATE OF OPPRAT	186	ten	iding i	ntes	tional obstru	200 AUTOPSY?	IN CERTIFY YES		GS USED OF DEATH? NO
9		21a. ACCIDEN WAS UND OR CONTRIBUTING C (IF EITHER, NOTIFY MEDIC	AUSE OF DEA	HOUR A.	M. MONTH DA	Y YEAR	21c. HQW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PA	(RT 1 OR PART 2)	
	MEDICAL	21d INJURY OCCURR	ILE 🗍	21e PLACE (OF INJURY EET, FACTORY, OFFICE, FA	ARM ETC)	21f LOCATION STREET	CITY OR TO	IWN	COUNTY	STATE
		22a I certify that (I) sow the decease abave (I) (we) (d	d alive on	- 8/1	9 19 8	6. an	that in (my) (aur) apinion	death occurred an the d	ate and have		
		228. SIGNATURE	les)	1 tol	eyp.	Mi	ATTENDING PHYSICIAN	MEDICAL STA		22c. DATE	SIGNED
1		CHARLES	J,	FOLK	Jy JR.	m.7	220 ADDRESS HAVE	RE de G	FRACE	M	11
	[URIAL, CREMATION,	REMOVAL	236 DATE			EMETERY OR CREMATORY	23d LOCATION		COUNTY	STATE
	В	urial	100	9/2/86	На	rford	Memorial Gdi				
/84		INERAL DIRECTOR	_		ADDRESS	MD 0-		P O CASSINAR	25b. REGISTR	AR'S SIGNATI	URE
	Ta	rirng Fune	ral H	lome, PA,	Aberdeen,	MD,21	001-3399 3E	P U 9 1986	Asi 1	~ .	0

364 08 836 Mil Tai 27 72 1 1 1

-18419	1	FOR STATE REGISTRAR			DEPART	MENT OF	E OF MARYLAND HEALTH AND MEN FICATE OF DEA	NTAL HYGI	ENE 8	6 REG. N	2.	6	ž	la .	Sugar Sugar
75		CEASED NAME	FIRST		MIDDLE		LAST		20 DATE OF	DEATH	HTMOM	DAY	YEAR	2b. HOU	JR (SI)
poge 3			DOCI'S		L	Ke	ahl	- 94			8	29	86	4	150 A
Jer o	3. SE			4. RACE			OF BIRTH		AGE INY	EARS LAST BIR	THDAY)		ERIYEAR	IF UNDER	24 HR
ge 4	1	Female		White		12	31 30	YEAR	55		YRS	MONTHS	DAYS	HOURS	AA II
2 10 01	70 B	IRTHPLACE (STATE OR FO	REIGN		WHAT COUNTRY?	8	erition.	0.00	BALTIMO	RE CITY O			ATH		
1 1 1	7	Pennsylvan:	ia	U.	s.	WIDOW	D NEVER MAR		Harfo	r1					
1 11 2	10 0	ITY OR TOWN OF DEAT	Н	11. NAME OF	HOSPITAL, NURSIN	G HOME			120 USUAL	OCCUPATI	ON	12b.	KINDO	BUSINE	ESS C
1 13 100	dia	VIII de arac	0.	Harfor	CH FACILITY, GIVE STREET		Kusini to	1	(TYPE OF WOR			UFE) IN	USTRY		
7	上的	AL RESIDENCE W NURSIN	IG HOME OR	OTHER INSTITUTION	GIVE RESIDENCE BEFOR	E ADMISSION)		4		maker					
C 3 1 25	5	Md.	Harf		ISC. CITTOR TOW	114	13d. INSIDE CITY L	LIMITS?	3e.STREET				001		
0	4. F	ATHER'S NAME	пагі	ora	Aberdeen	1	15 MOTHER'S MA			Hiob	Lane	21.	001		_
	1	FIRST		MIDDLE	LAST		FIRST			MIDDLE			LAST		
5 5-/0-	-	Fohn Was deceased ever in	NUS AR	MED FORCES?	Stewart 166 SOCIAL SECU	IPITY NO	Ada 17 INFORMANT			ADDRE	cc	and l			
2 po 2 /		(YES, NO OR UNKNOWN)		E WAR OR DATES			17 INTORMAINT				13	4 Fr	am R	d.	
4 12 1/	-	No			183-24-9	9036	Ms. G	eer Do	nna	Aberc	een,		APPROXI		
signed by the plant of the plan	N	underlying cause PART 2 OTHER SIGNI	last	((c)	ONTRIBUTING TO		NOT RELATED TO	THE TERMIN	AL DISEAS	E OR CON	DITION G	SIVEN IN	PARI lic		-
on hos terms permit.	CERTIFICATION	190 DATE OF OPERATION	ON	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORME	ED	200 AUTC	PSY?	IN CERT	ES, WERI	E FINDIN	OF DEAT	H?
SiCIAN: The graphs of the strain of the stra		21g. ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA	USE OF DEA		OF INJURY .M. MONTH D.	AY YEAR	21c. HOW INJUR	RY OCCURRE	D (ENTERNA	TURE OF INJUI		YES	PART 21	NO [J
PHYS this of the bund We	MEDICAL	21d INJURY OCCURRE			OF INJURY	APAL ETC.)	211. LOCATION			CITY OR TO	NN	(0)	UNIY	c.	TATE
off of hon hon rike	2	WHILE NOT WHILE AT WORK	E 🗌		act, ractori Grice i	ARM ETC)									
TO HOSPITAL OR ATTENDIS retoined by the hospital or TO FUNERAL DIRECTOR. A should be detached for use with the State Dept. of Healt MAPORTANT: If them 21 is mo		270. I certify the [1] saw the deceased above, [1] (we) (did 27b SIGNATURE 27d PHYSICIAN'S NAM	d) (did na	Lelu		9	DEGREE ATTE	r) apinian de	oth accurred	STAF	F	aur and f	an the contract of the contrac	auses sta	we) I oted
	230	BURIAL, CREMATION, RI	D// EMOVAL	23b DATE		NAME OF C	EMETERY OR CREM	MATORY	23d LOCA	TION ORTOWN	106101	COUN	GR 2	ACE 10%	PATE
BP	24 E	Remova UNERAL DIRECTOR	ıJ.	8-29-	86			Total Days	DEC'D DV D	CICID CT	ON DEC				
DHMH - 16 60M 7/84 (VRA 15, 4)	100	Anator	ny Bo	ard	ADDRESS	Balto	o., Md.	SEP	1 0 1	986	4 .	STRAR'S		Pandas	LL

	1-	FOR STATE REGISTRAR			DEPARTA	AENT OF H	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENE 8 0	2.	6 1	2 5
17052		EASED NAME	FIRST J		MIDDLE Evere	tt /	AST Kelly	20 DATE OF DEATH	MONTH D	AY YEAR	26 HOUR
11991	- chi	MAI	UES		ERETT	1	ELLY	9-10-	86	IF UNDER 1 YEAR	IF UNDER 24 HRS
- 10	1 583	Male		4 RACE Whit	te	Dec.	15, DA 1905 YEAR	6. AGE (IN YEARS LAST BIR	YRS.	ONTHS DATS	HOURS MIN.
	4. 9	RITHPLACE (STATE OR F	OREIGN	76 CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWI	NEVER MARRIED	BALTIMORE CITY OF	COUNTY	OF DEATH	AAD
11182	In CI	ACLSTON	ТН		CH FACILITY, GIVE STREET	G HOME (DROTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O Electricia		INDUSTRY	F BUSINESS OR Education
24 hours	17a S	L RESIDENCE (IF NURS TATE TYLAND	136 COUN	TOTHER INSTITUTION NTY Ford		ADMISSION	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 2413 Whitt			21087
	14 FA	THER'S NAME					15. MOTHER'S MAIDEN N.				
A ANACO		William		Henry	Kelly	639	Cora	Estelle		arger	
8 4 4		(AS DECEASED EVER		MED FORCES?	16b SOCIAL SECU		17. INFORMANT	ADDR			087
W 2 2 4	_	no II CAUSE OF DEAT			233-09-9		Jairus E.Kel	LIY, 2413 Wh	itt ko		MATE INTERVAL DNSET AND DEATH
ORDS, 201 W. PRESTON ST. requires that the death central respond by the attending p. if Then please remove corbon, or remains to the planty, or other traumdate every injury, or other traumdate every	TION	Conditions, if ony, gove rise to imm cause iol, statin underlying couse	which nediate g the lost	DUE TO, O	OR AS A CONSEQUE OR AS A CONSEQUE ONHRIBUTING TO D HOLLIM	NCE OF	Loure Co DSCV.D NOT RELAXED TO THE TER A, HE MA	minal disease or con turia	DITION GIVE	N IN PART 110	
The last the	CERTIFICATION	190 DATE OF OPERAT	T to			OPERATIO	N WAS PERFORMED	200 AUTOPSÝ? YES NO	IN CERTIFY YES		OF DEATH?
Sicial Si	134.75(3)	210. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER NOTIFY MEDIC	AUSE OF DEA	HOUR A	OF INJURY ,M. MONTH DA .M.	Y YEAR	?1¢ HOW INJURY OCCU	RRED (ENTER NATURE OF INJU	RY IN ITEM 18 PA	RT I OR PART 21	42
MVISION offered and offered an	MEDICAL	21d INJURY OCCURE WHILE AT WORK NOT WH AT WOR			OF INJURY REET, FACTORY, OFFICE F	ARM, ETC)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
TTENDI pholosis for vie. of Health		220.1 certify that (1) saw the decease abave, (1) (we) (c			10	86,	nd that in (my) (aur) apinior	death occurred an the d	ote and hour		that (h (we) last couses stated
Au DRE to definite Dept.		22b. SIGNATURE	h	naw		M	DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN [22c. DATE S	SIGNED
D HOSFIT tolined to O FUNES Sould be with the Se		2112	Be	l an	Road		Fall Stor	v-MD21	047		
22.67/5		URIAL, CREMATION,	REMOVAL	236 DATE	1 1 1 1 1 1 1 1 1		EMETERY OR CREMATORY	CITY OR TOWN		COUNTY	STATE
BP	24 EI	Burial NERAL DIRECTOR		Sept.13	,1986 Be	l Air	Memorial Gar	dens, Bel A	ir Ha	rford	Md.
DHMH - 16 60M 7/84 (VRA 15, 4)		vard K. Mc	Comas	III, A	bingđon, M	d. 21	000	EP 1 5 1093	AN KEGISTA	TAMOIC C AM	JKE .

	STATE OF MARYLAND 8 6 2 6 1 2 0
-10071	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE PEGISTRAR CERTIFICATE OF DEATH
-19971	REG. NO.
oge 3	1. DECEASED NAME MORA Hall Leabetter September 26, 19867:00 A
offer. p	3. SEX Female Caucasian April 1904 82 YRS MONTHS DAYS HOURS MIN.
death. Page	We st Virginia 1. S. A. WIDOWED DI DINORCED BALTIMORE CITY OR COUNTY OF DEATH WIDOWED DINORCED Harford MD.
offer de within	10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST O
10 2120	136. STATE 136 STREET ADDRESS ZIP GODE 91084
ARYLAN	14 FATHER'S NAME FIRST MORUS 15 MOTHER'S MAIDEN NAME FIRST MORUS MAIDEN NAME MAIDEN NA
¥ 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (YES, ND OR UNKNOWN) (IF YES, GIVE WAR OR DATES)
BALTIMOR ote be seen siction oned spers. uppers. uppers. vol. 1, the medic	NO 134-75-9876 Lecil E. Saures same as above
ST., g phy on po	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Valuriar And DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PRESTON ne deoth ce smove carb mation, or r	Conditions, if ony, which gove rise to immediate DUE TO, OR AS A CONSEQUENCE OF Use the Frent Faclors.
201 W. I	couse (a), stating the underlying couse last: (c) DUE TO, OR AS A CONSEQUENCE OF
ORDS, require require to sign or to bur injury	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0-
3 50 4 7 8	Manuschiotes Leidigorage Digital
N N N N N N N N N N N N N N N N N N N	
VISIO G Ph orther ond ked o	OK CONINIBUTING C AUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED AI WORK NOTIWHILE CAT HOME STREET, FACTORY, OFFICE FARM, ETC.) STREET CITY OR TOWN COUNTY STATE
Q 0 4 9 0 E	22a certify that (I) (thu hespital) attended the deceased from
to R ATTEN the hospital I DIRECTOR stacked for u e Dept. of He Hem 21 is	DEGREE ATTENDING MEDICAL STAFF ATTENDING MEDICAL STAFF
ITAL RAL Store	22d. PHYSICIAN'S NAME (TYPE OR PRINT) PHYSICIAN DIRECTOR PHYSICIAN 220 ADDRESS
TO HOSP retoined 1 TO FUNE should be with the S	THIRDES 3 HOTTON 7LOD OSLER DE TOWSON MD 2120 Y 230. BURIAL, CREMATION, REMOVAL 238, MATE / 236, NAME OF CEMETERY, OR CREMATORY 238, LOCATION / 230, LOCATION
BP	Burial 9/29/1986 Flot Wood Cern, Flat Wood, Braxton, W. Va.
DHMH - 16 50M 4/B3 (VRA 15, 4)	M. Gladden Kurtz Jarrettsville, Md. CTO. Superior Segistrar's signature

Management of the second

0-19464	1.	FOR STATE REGISTRAR	DEF	PARTMENT OF HI	EALTH AND MENTAL HYG CATE OF DEATH		0127
may be page 3				nevieve	s Marcou	REG. NO. 20. DATE OF DEATH MONTH	27 86 510 A
ge 4 may ector, pag	S. SE		A RACE White	5. DATE O		6 AGE (IN YEARS LAST BIRTHDAY)	FUNDER I YEAR IF UNDER 24 HRS
heath. Pag		IRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUN	VIRY? 8	X NEVER MARRIED	9. BALTIMORE CITY OR COU	
by the fu	10.0	Tallston	11 NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE Fallston Ge	STREET ADDRESS)	ROTHER INSTITUTION	12a USUAL OCCUPATION {TYPE OF WORK FOR MOST OF WORKIN	NG LIFE) 12b. KIND OF BUSINESS OF
filled in nould be must be	13a.	AL RESIDENCE (IF NURSING HOME OSTATE N36 COU	ROTHER INSTITUTION. GIVE RESIDENCE INTY OF OSSE Onale	RTOWN	13d. INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS 355 Fourth Ave	., North 54650
completely 1 and 2 st	1	Joseph		ritz	15. MOTHER'S MAIDEN NA Genevie	we widdle	Simon
be exect on and the state of th	160.	WAS DECEASED EVER IN U.S. AF (YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 166 SOCIAL 390-05	5-3910	Russell J.Ma	onalaska rcou, 355 Fourt	wisc. 54650 h Ave, North
ertificate ng physicii bon paper remaval.		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMEDIA	nty ane cause per line for (a), (ED BY: TE CAUSE (a) CARD	DIAC FA	HILURE		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH MINUTES
death ce attendin bove corb stion, or roumotic		Canditians, if any, which gave rise to immediate	DUE TO, OR AS A CONS	SEQUENCE OF	INFARCTIC	W	DAYS
that the day the lease remial, crems		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONS	SEQUENCE OF	ROSIS		YEARS
equires n signe Then p r to bur injury,	TION					INAL DISEASE OR CONDITION	
The low ricion. te has bee isst permit. giene prio	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR W	VHICH OPERATION		YES NO NO IN CE	PYES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
HYSICIAN: rding physic nis certificat burial-tran I Mental Hyg	MEDICAL CE	21g. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE		H DAY YEAR	21c HOW INJURY OCCUR	RED (ENTERNATURE OF IN) ARY IN ITEM	18 PART 1 OR PART 2)
NG PHY offer this os the bu th and M	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	210. PLACE OF INJURY (AT HOME, STREET, FACTORY, O	OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
ATTENDI spital or CTOR: A I for use of Heali		220.1 certify that (1) (this hosp saw the deceased alive ar above (1) we did (did no	oital) attended the deceased for 9/2-7 at) view the body ofter death.	mom	7/26 , 19 <u>86</u> I that in (my) (aur) apinian	death accurred an the date and	haur and fram the causes stated
the how the how the how the how the defoched defoched then the hoper the homes and the homes are the homes and the homes are the			rillat MD	D	EGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	221. DATE SIGNED 9/27/86
O HOSPII tainned to O FUNES And the Sa		774 PHISICIAN'S NAME (1190	OF PENT)		22e ADDRESS		
19999		BURIAL, CREMATION, REMOVAL (SPECIFY) Burial			METERY OR CREMATORY Heaven Cemete	23d. LOCATION CITY OR TOWN ETV. LaCrosse	COUNTY STATE LaCrosse V Wisc
DHMH - 16 50M 4/82 (VRA 15, 4)		UNERAL DIRECTOR Ward K. McComas			25a. DAT	EP 2 9 1986	

o 3 The state of the s CALIFIC CALCAST TO SERVICE CALCAST

ARK CAMPAGE CAMPAGE, FIRE CAMPAGE OF THE BUILDING

	040	0	1-	FOR STATE REGISTRAR			DE			EALTH AND	MENTAL HYG DEATH	IENE	R	EG. NO.	Euro 1	hi.	
- 1	940	0	1,06	EASED NAME FIRS	ST		MIDDLE	M	9	2 my	non	20. DA	TE OF DE	-	DAY	YEAR	2h HOUR
2	0.0		/	Rut	-h		t							09	24	86	3:05P M
1	li ber	1	3. SE		4. R	RACE		5	DATE C		VEAD	6 AGE	(IN YEARS	LAST BIRTHDAY)	IF UN	DER 1 YEAR	IF UNDER 24 HRS
	2 2	2	1	Female		Wh.	ite	-	Nov		1918	67		Y	RS.		
	40.00	35		RTHPLACE (STATE OR FOREIG COUNTRY) 1timore, Md.	7b	U.S.	WHAT COU		MARRIEI		MARRIED		HARF	ORD	NTY OF I	DEATH	MD
	1	9/	10 C	TY OR TOWN OF DEATH	11.	NAME OF	HOSPITAL, NO CHEACILITY, GIV	NURSING 'E STREET ADD	HOME C	R OTHER INS	TITUTION			UPATION MOST OF WORKI	NG LIFE) IN	DUSTRY	F BUSINESS OR
	25	20	and.	RE DE GRACE						ME.		Hou	use w	ife		Home	Maker
1	(A	16	13a S	aryland H	county arfoi		130 CITY O	RTOWN	MISSION)	13d INSIDE (NO (S)	13e STR	EET ADD	ress / zip c	Dr.	21	047
*	-	101	17:1	THER'S NAME	MIDE	DLE	LA	AST		15. MOTHER	S MAIDEN NA	ME	MI	DDLE		145	
1	18/	124	_	oseph			Batzer		KK		arl			1		darri	S
	Page 1	/				D FORCES? AR OR DATES)	220-0	1 SECURIT		17. INFORM Mr.Dav	id McCa	ammor		address 16 allsto	03 W.	ildwo	ood dr.
1	NAME OF THE PARTY	4		18 CAUSE OF DEATH (En	iter only o	ne cause pe	line for	(b), and ic	11./	۲.	0 1	7			I		MATE INTERVAL ONSET AND DEATH
	40.00	1			EDIATE C			W	un	to	ave	w		160			
	9.60	a popular				DUE TO, O	RASACO	ISEQUENC	EOF	1-1	2	1	-				
	the affi	her fram		Canditions, if any, while gave rise to immedia cause (a), stating t	te he	(b)	R AS A CON	ISEMUENO	E OF	an	il	m	en	on			
1	d by	ar off		underlying cause la	st ((c)	W	we	10	Male	vesu	<u> </u>					
	Then p	mjury.	NOI	PART 2 OTHER SIGNIFIC	ANT CON	nditions <u>c</u>	ONTRIBUTIN	IG TO DEA	TH BUT	NOT RELATE	D TO THE TERM	INAL DI	SEASE OF	CONDITION	GIVEN	PART 16	1
3	hus bee	2	TIFICAT	190 DATE OF OPERATION		196 COND	ITION FOR V	WHICH OP	ERATIO	N WAS PERFO	DRMED	20a YES	AUTOPSY	A P IN CE	YES, WE RTIFYING YES [RE FINDING CAUSES	OF DEATH?
NO BAYOUTAN THE IN	g physic arthroti softions molified	9	CAL CES	710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING ☐ CAUSE (IF EITHER NOTIFY MEDICAL EX	OF DEATH		OF INJURY M. MONT M.	H DAY	YEAR 19	21¢ HOW #	NJURY OCCURE	RED (EN	TER NATURE	OF INJURY IN ITEN	A 18 PART I	OR PART 2)	
100	the this is the but it the but in	Andre	MEDI	21d INJURY OCCURRED WHILE NOT WHILE AT WORK]		OF INJURY REET, FACTORY,	OFFICE FARM	ETC)	211 LOCATI STREE			C1T	Y OR TOWN		OUNTY	STATE
TIME	TOR A for site of	27.0 mg		220 I certify that (I) (this saw the deceased all abave, (I) (we) (did) (c	ve an	9/2	N	from	, on	d that in (my	, 19	, to . death oc	culted an	the date and	haur ond	from the	that (I) (we) lost couses stated
2	y the to KAL DRE demoched	1 1 1		Danth.	m	mel	M	vs.	1		ATTENDING PHYSICIAN	MEDI DIREC	CAL TOR F	STAFF PHYSICIAN		972	SIGNED
HOSPI C	O FUNE hould be	MPORTA		DANTE /	NON	MKI	L M	0		Har	re di	G	ma.	Red	21	078	,
-		*		URIAL, CREMATION, REMO	OVAL 2	36 DATE		23c NA	AE OF C	EMETERY OR	CREMATORY	23d	LOCATIO CITY OR TO		COL	YTA	STATE
	BP	-	24.51	Burial		9-27-	1986	Bel	air	Mem.Ga		Be	el Ai	r H	arfo	rd.	Md.
			14 FL	INERAL DIRECTOR							25a DAT	E REC'D	BY REGIS	TRAR 256 RE	GISTRAR'S	SIGNATI	JRE

E.F.Cassahn,11750BelairRd. Kingsville,Md.21087

DHMH - 16 60M 7/84

(VRA 15, 41

STATE OF MARYLAND

Mary - Share of Bardell

0.0005	FOR DEPARTMENT OF HEALTH AND MENTAL H STATE SEGISTRAR CERTIFICATE OF DEATH	YGIENE 8 6 2 6 1 3 1
0-20085	TOPCEASED NAME FIRST MIDDLE LAST MCCLURE	9-30-86 1054
om t age	1. SEX 1. RACE 1. RACE 1. DATE OF BIRTH SEP 25, 1918	
The state of the s	70. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED □ NEVER MARRIED □ NEVER MARRIED □ NORCED 6 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION	
186	HAVEE DE CRACE HAPTUR MENOPIAL HOSPITAL USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 134. STATE 135. COUNTY 136. STATE	LINE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY
STAND	136. STATE 136. COUNTY 137. CITY OR TOWN 138. INSIDE CITY LIMITS? 14 FATHER'S NAME 15. MOTHER'S MAIDEN 1 FIRST MIDDLE 15. MOTHER'S MAIDEN 1 FIRST	309 S. PARKE ST. /21001
MORE MA	WILLIAM ME CLUZE SYLVI 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 160 SOCIAL SECURITY NO. 17. INFORMANT (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) ANNA E. BOY	A MECLURE ADDRESS HAVE DEGRACE, MD JICH. 119 ROBIN HOOD RD, 21078
201 W. PRESTON ST., BALTI es that the death certificate b ned by the attending physician please remove carbon papers. urrol, cremation, ar removal. y, ar other traumatic event, the	DUE TO OR AS CONSCIDENCE OF CONSCIDE	endidues ala ble
TAL RECORDS. The low requir cition. The hos been significants. There genere prior to be shows any injury.	190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 210. ACCIDENT WAS UNDERLYING 210. TIME OF INJURY 21c HOW INJURY OCCI	200. AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO NO
HYSICIAN: ading phys is certifica bural-tran	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY STREET STREET	URRED (ENTERNATURE OF INJURY IN ITEM T8. PART 1 OR PART 2) CITY OR TOWN COUNTY STATE
OR ATTENDO on hospital or DIRECTOR, A oched for use Dept. of Heal	The curtify that (h (this hope tot) attended the deceased from	on death occurred on the date and have and from the state of the date of the d
TO HOSPITAL TO FUNERAL should be det with the Store	224 PHYSICIAM NAME (TYPE OR PRINT) ATH A KNU N N. P. 1 236 BURIAL, CREMATION, REMOVAL 236 DATE 1 236 RAME OF CEMETERY OR CREMATOR	1. A Bue Hornde June
BP	BURIAL 10/4/86 HARFORD MEM GANS	ABEEDEEN HARFORD, MD STATE PECIT BY PEGISTRAP'S SIGNATURE
DHMH - 16 60M 7/84 (VRA 15, 4)	TARRING FUNERAL HOME, PA, ABORDEN, MD. 2100/14	T 0 6 1986 Julia Maridian - American

Total and the second plants of a read his description of the second his description of the secon

TAG HADDRING.

AND THE STATE OF THE STATE OF

. S. Die Pull Die Stelle Stell

542	1.	FOR - STATE REGISTRAR	DEI	PARTMENT OF HE	OF MARYLAND ALTH AND MENTAL HYG ATE OF DEATH	IENE 8 6	2 6	3 3
poge 3		CEASED NAME ROBER	E.dwa	rd MEG	S,Jr.	9/5/8C	MONTH DAY YEAR	CO A
ge 4 mo	3. SE	MALE "	CUH 1	5. DATE OF	BIRTH DAY 4 YEAR O	6. AGE (IN YEARS LAST BIRT	YRS.	HOURS MIN.
4. P. 22 di	7a 8	IRTHPLACE (STATE OR FOREIGN 7 SOUNTRY) DE ROBERT HO	USA	MARRIED WIDOWED	DIVORCED [MA	RFORD	M
1182	10 C	-AUSTON	1. NAME OF HOSPITAL, N (IF NOT IN SUCH EACILITY, GIV FALLS TOW)	OURSING HOME OR ESTREET ADDRESS)	HOSPITAL	120. USUAL OCCUPATION OF WORK FOR MOST OF	ON F WORKING LIFE) INDUSTRY	F BUSINESS OR
35	13a.	MD. HAR	THER INSTITUTION GIVE RESIDENCE IN THE PROPERTY OF THE PROPERT	erdow	36. INSIDE CITY LIMITS? YES NO 🔀	13. STREET ADDRESS	Hitheus	AD
1992	0	Robert Edward		ST	s. mother's maiden nat Florence	WIDDLE	Deiger	t
Poges medico		VAS DECEASED EVER IN U.S. ARM YES, NO OR UNKNOWN) (IF YES, GIVE YES	NED FORCES? 166 SOCIA	L SECURITY NO.	7. INFORMANT	WIFE/Fra	ances S. Mee	ks,S.A.
ries that the death ce gred by the attending a please remove corb burial, cremation, or r y, or other traumotic		Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CON (b) DUE TO, OR AS A CON (c) DOIDITIONS CONTRIBUTION	SEQUENCE OF	OT RELATED TO THE TERM	INAL DISEASE OR CONI	DITION GIVEN IN PART 11	0
no. On. hos been sig permit. The	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR V	which operation	WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDIN IN CERTIFYING CAUSES	NGS USED OF DEATH?
HYSICIAN: TI ding physicia is certificate buriol-tronsif Mental Hygin frem 18 sh		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONT P.M.	H DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	LY IN ITEM IS PART 1 OR PART 2)	
NG PHYSICI ottending I frer this cert bs the buriol h and Merital	MEDICAL	216. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY,		RIF LOCATION STREET	CITY OR TO	WH COUNTY	STATE
R ATTENDIF hospital or RECTOR: A red for use of tot, of Healt		22a.1 certify that (1) (this haspite saw the deceased alive on_ above, (1) (wer(did) (did not)		19 86 . ond	that in (my) (our) opinion o	deoth occurred on the do		
AL OR the hotel AL DIRI te Dep fr. If the		226. SIGNATURE	wolcom	is MI		MEDICAL STAF	FIAN STATE	SIGNED
TO HOSPIT. TO FUNER, should be d with the Sto		226 PHYSICIAN'S NAME (TYPE OR	NONAKOW	ck/ ms	125 N	, main	57 802	AT & MO
BP		BURIAL, CREMATION, REMOVAL (SPECIFY)	23b. DATE 9/6/86		Mem. Gdns.	Aberdeen,	Harford, Mary	land
DHMH - 16 60M 7/84		uneral director Tring Funeral Ho	ome,PA,Aberde	Sen, MD, 210			25b. REGISTRAR'S SIGNAT	

MITCHELL FUNERAL HOME PA, HAVRE de GRACE, MO. 21078

(VRA 15, 4)

STATE OF MARYLAND OF HEALTH AND MENTAL HYGIRNE - STATE REGISTRAR REG. NO I. DECEASED NAME 20 DATE KNOWN X LTYPE OR PRINTI OF ESTI-DEATH MATED 19 86 ALLEN RONALD MOXLEY 9 20 SEX 4 RACE DATE OF BIRTH AGE (IN YEARS 2d HOUR IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED 4:04 Male Feb.8.1962 White 24 DEAD 19 86 20 Th CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X Maryland USA DIVORCED Harford County IR CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION TYPE OF WORK 126 KIND OF BUSINESS Carpenter Construction Fallston Fallston General Hosp. SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 13e. STREET ADDRESS 136 COUNTY 13d. INSIDE CITY LIMITS? Maryland Aberdeen 1503 Union Road 21001 Harford YES 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE Clifton Wilson Moxlev Madelene Otto 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 7 INFORMANT IAN SOCIAL SECURITY NO ADDRESS 21001 IT. PAGES 1 DIVISION LIE YES GIVE WAR OR DATES 217-86-7921 Otto C. Moxley, 1503 Union Road, Aberdeen, Mo no CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY Multiple injuries MMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION E 3 SHOULD BE USED A DEPARTMENT OF HEA OF PRIOR TO BURIAL, C 19a DATE OF OPERATION 19% CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? YES Y NO 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING 0 CONTRIBUTING CAUSE OF DEATH box 9-20-1986 Subject involved in motorcycle accident. 21e PLACE OF INJURY (AT HOME, 211 LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET STATE WHILE AT WORK Harford Hanson Rd. road Edgewood MD Autopsy X 220 I certify that I took charge of the remain discribed apove, held an Inspection and in my apinion EXECUTE THE CERTIFIC PAGE 4 SHOULD BE F TO FUNERAL DIRECTO AFIER DEATH, WITH THE BALLIMORE, MARYDAI Hamicide Undetermined manner Suicide Assistant MEDICAL EXAMINER 9-20-86 EXAMINER'S NAME Dennis F. Smyth, M.D. 111 Penn St., Balto., MD 21201 230. BURIAL, CREMATION, REMOVAL 23b. DATE Burial STATE Sept. 23.1986 Bel Air Memorial Gardens Bel Air Harford Md. 07/84 25M 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** Howard K. McComas III, Abingdon, Md. 21009 (VR A15 ME (5))

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH MONTH 2b HOUR CATHETINE TYPE OF DRINGS ANNA NAGY August 30, 1986 105 10 P. N 6 AGE (IN YEARS LAST BIRTHDAY) IF LINDER 2.1 HRS 4 RACE IF UNDER I YEAR 5. DATE OF BIRTH 3. SEX HOURS MONTH MhitE FEMALE JANUARY 2, 1910 BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE I STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED A NEVER MARRIED U.S.A. HArford County PENNSYlvania DIVORCED WIDOWED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY BEI Air Housewife Flintlock Drive HEMEMAKER ISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
30 STATE 136 COUNTY 137 CITY OR TOWN 130 STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? 30 CITY OR TOWN HAr ford Q. Drive BEI Air maryland 15 MOTHER'S MAIDEN NAME FATHER'S NAME FIRST MIDDLE MIDDLE SAlly SKEEbok Unkhann Lukuman 17 INFORMANT & 79-9249 (HELSONIL ADDRESS 16h SOCIAL SECURITY NO 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 721 Flintlock Drive LYES NO OR UNKNOWN 162-05-4063 NO Mr. JOSEPH N. NAGU BEL Air Maryland 21014 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c) PART I. DEATH WAS CAUSED BY: 24 hours IMMEDIATE CAUSE (0) many arterioscherote cardio Hupertensin Conditions, if any, which vascular disease gave rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 Diabetes mellitis CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 70n AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES M NO T 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TB PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF GEATH P.M. (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION COUNTY AT HOME STREET, FACTORY, OFFICE FARM ETC)

NOT WHILE

TREET

CITY OF TOWN

aunt 30

220.1 certify that (1) (this hospital attended the deceased fram... saw the deceosed alive on Cluşust 1
above, (1) (was taked) (did not) view the body after death. 19 86, and that in (my) [aux] opinion death accurred on the date and hour and from the couses stated

DEGREE

22e ADDRESS

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

multiplied toste

JA MO 55man

23c NAME OF CEMETERY OR CREMATORY

1101 St Paul St Boltimore Md 21202

230 BURIAL, CREMATION, REMO
[SPECIFY]
3
 Burial

SEH. 2, 1986

Saman

BES ATEMETING GARDENS

March

BELAir, HArrford Co., Mary 1 mod 21014

DHMH - 16 60M 7/84 (VRA 15, 4)

h the State

JOSEPH WILLIAM TOSTER 50 W. Broadway & Williams St. BEI Air, MARYLAND 21014

250. DATEREC D. BY REGISTRAR 250, REGISTRAR'S SIGNATURE autre Dandorn Roadness

The water of

300	- 1	85	9 0	1-	FOR STATE REGISTRAR		DEPART	MENT OF H	E OF MARYLAND LEALTH AND MENTAL HYP ICATE OF DEATH	GIEN 6	261	3 /
		m.c	0 0		CEASED NAME FIRST		dward	1)	AST			ZEAR Zb. HOUR
	y be	poge			Clare	vce.	iwaiu	Ne	ely	Septemb	,	- 111
	e a	fter p		3. SE		4 RACE		5. DATE C	(1	6. AGE (IN YEARS LAST BIR		DAYS HOURS MIN.
	900	urs o	0			Caucas:		Aug	21,1931	55	YRS	
0	math. Po	A 22 %	5	We	RTHPLACE (STATE OR FOREIGN ST. Virginia	U.S.		8. MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY OR COUNTY OF DEATH Harford		
102	n offer	20	0		allston	11. NAME OF HOSPITAL, NURSING HOME OR OTHER 1601 Watervale Rd.				(TYPE OF WORK FOR MOST OF Carpente	E WORKING LIKE INIDIL	IND OF BUSINESS OR ISTRY
AND 213	74 900	filled in politic be	35	13a. S	AL RESIDENCE (IF NURSING HOME OR JAU Md. 13b.COUN Ha.C Ha.C	ITY _	TALLS TO	VN	13d. INSIDE CITY LIMITS? YES NO	13 STREET ADDRESS	zip code cervale	Rd. 21047
MARYLA	4	127	01		ATHER'S NAME FIRST	MIDDLE _	LAST		15 MOTHER'S MAIDEN NA	AME		LAST
	-	1/0	S/C	-		asil	Neel	-0	Elva	Cathe		Neely
S.	T	26	gico /	- (MED FORCES? E WAR OR DATES)	166 SOCIAL SEC	URITY NO.	17 INFORMANT	ADDRE	ESS	
BALTIMORE	3	1	1		Yes Kor	ean	234-42-	9038	Yvonne Bis	shop same	as abo	
ST.,	estifico market	nding physicorbon paper or ren ava	c event,		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT	b BY. E CAUSE (o)	ine for (0), (b), a	o - P	" morary	Arrest	BEÎ	APPROXIMATE INTERVAL WEEN ONSET AND DEATH
PRESTON	deoth	e cor	E O		C- Pr - T	DUE TO, OR	AS A CONSEOL	ENCE OF			12.3	
1 W. PRES	that the de	en signed by the att Then please removi ir ta burial, cremotio	r other frou		Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR	AS A CONSEQU	JENCE OF				
RDS, 20	requires		o 'Aulus'	NOI	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN							
AL RECO	The low ion.	t permit	No Smoot	CERTIFICATION	19ª DATE OF OPERATION	19b. CONDIT	ION FOR WHIS	OPERATIO	N WAS PERFORMED	20a AUTOPSY? YES NO	20b. IF YES, WERE F IN CERTIFYING CA YES [
OF VIT	SICIAN:	rial-tronsi			71a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.A	A. MONTH	AY YEAR	21c. HOW INJURY, OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART I OR PA	RT 2)
DIVISION	offendir	fter this coas the burn	rked or	MEDICAL	21d, INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE C	OF INJURY ET, FACTORY, OFFICE.	FARM, ETC.)	211 LOCATION STREET	CITY OR TO	WN COUN	NTY STATE
a	NON I	use of	S B	124	220.1 certify that (I) (this hospi		deceased from.		, 19	, to	. 19	, that (I) (we) lost
	ATTEN	4 to 1	7 0		saw the deceased alive an above, (1) (we) (did) (did no	t) view the body o	ofter death.	, 01	nd that in (my) (our) apinian	death occurred on the de	ote and hour and fro	m the causes stated
•	O Pe o	RAL DIRE detoched tote Dept	# # # # # # # # # # # # # # # # # # #		22b. SIGNATURE	Shan	w /	nD	DEGREE ATTENDING PHYSICIAN	MEDICAL STAI	FF . 9	PATE SIGNED
		should be det	A LOKIN		RANJAN SI	ARMA	MO		BAltimore	Loch lav	n vA 14	Spital, MD
	BP.	F 0 5 ;	7	23a E	BURIAL, CREMATION, REMOVAL SPECIFY) Burial	23b. DATE 9/13/	/ -		emetery or crematory Lew Mem. Ga	23d LOCATION CITY OF TOWN TALLST	on Harfo	ord Md.
	DHMH -	16 60M 7	7/84		JNERAL DIRECTOR		ADDRESS	101010	25 S PA	PRE 781986 RAR	25 REGISTRAR'S SIL	GNATURE
		RA 15, 4)		G.	ladden Kurtz	TIT	Tannatt	- carri 7	lo Ma		U	V. Carrinda

8	1				M	ARYLAND S	TATE DEP	ARTMENT OF	HEALTH	in.	2 6		3	3
nn.	FOR STATE				MEDIC	AI EYAM	INED'S	EDTIFICATE	OF DEATH	0	ion V	•		
0 0	HEARTH BERT.	1. DE	CEASED-NAME	First	MEDIC	Middl Middl		Last	OF DEATH	20 DATE KN	IOWN Month	Day	Year	2b. HOUR
0	19724	(1,	ype or Print)	JAME	S	MERRI	LL	NEEPER	1	2a. DATE KN OF E DEATH M	STI-	22	- 1	9:45
	Post in	3. SE	X	4. RACE	S. DATE OF BIR		6. AGE (In years last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	2c. DATE PRO	NOUNCED DEAD	200		2d HOUR
1739	and and was.		Male	White	May 22,	1929	57 YR	MONTHS DAYS	HOURS MIN	Month	Day	22 Year	986	9:45
	10 2 a 10 0		IRTHPLACE (State	or foreign 7	b. CITIZEN OF WH	AT COUNTRY?	8. M/	ARRIED NEVER MA		INTY OF DEAT				
TA	10 m	count	Penns	ylvania	United						l County			Md.
	Proges	70. CI	TY OR TOWN OF					N (If not in hospita	during mast a	CUPATION (Ki f warking life	nd af wark dane , even if retired.)	12b. KIND INDUSTRY		ESS OR
	N S S CHO	130	Falls	ton (E (Where decease	d hand if include	tion. Desidence		l Hospita	II Mair	itenano	e	Airl	ine	
	alon along	ad	mission) STATE	PA	13b. COUNTY	ork		lta	YES NO K		3/17314	49	199	4
	BALTIMOR 24 hours on in them 18. 5 Office of coffer der		THER'S NAME	First	Middle		Last	IS. MOTHER'S MA			Middle		Last	
	A DE TE			James	Phili	p Ne	eeper		Flor	cence	Α.	C	ооре	er
	· 一百/张庆	16a. V	VAS DECEASED EV	ER IN U.S. ARMED FO	ORCES? or or dates of service)	16b. SOCIAL SECU	JRITY NO.	17. INFORMANT			ADDRESSCOT	dele.		
	within pencil year within xemin xemi		rs, na, or unknaw Yes	(11 70 2 9 1 1 1	0. 0. 00.00 0. 30.000)	170-24-	1274	Patricia	Youngblo	ood Rt.	2, Box	957		
	- M E M P		IB. CAUSE OF	DEATH (Enter only	ane cause per li			. D.				BETWE	ROXIMATE IN EN ONSET AL	ND DEATH
	executed ending if Medical if permit.				E CAUSE (a)			rt Diseas	e				MO	
	N. PR be ex pen pen mief M ansit p event		Canditions, if a	ny, which gave }		AS CV D	ACE OF					0 54		
	Chia b			iate cause (a). (derlying cause ((b) DUE TO, OR	AS A CONSEQUE	NCE OF							
	S, 301 W. P should be ne word "pe to the Chief burial-transit in any ever		last.)	(c)							- 1		
	OUT OF		PART 2. OTHER S	SIGNIFICANT CONDIT	IONS CONTRIBUTI	NG TO DEATH BU	JT NOT RELATED	TO THE TERMINAL	DISEASE OR CONDITIO	ON GIVEN IN PA	ART 1(a)		-	
	ertificate writing the worded to sed (5) a b bowl.	NO	10 0175 05 0	252171011		in countries								
	Kerr Cerr	HCAT	19a. DATE OF O	PERATION		19b. CONDITION WAS PERFO	POR WHICH OF DRMED?	PERATION					AUTOPSY?	
	新祖 · · · · · · · · · · · · · · · · · · ·	CERTI	21a. EXTERNAL (CAUSE WAS	21b. TIME OF	INJURY Manth, De	av Year	21c HOW INJURY O	CCURRED (Enter natu	re of injury in	Part 1 or Part 2		(ES 🗍	NO X
	R: R: Nould long o. n. o. n.	30		R CONTRIBUTING	HOUR A.I	W.	19	210. 11011 1100101 0	CEONNED LEMEN MOTO	ine at inforty in	ruii i ui ruii z,	nem ro.)		
	INE Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Short Sh	ME.	21d. INJURY OCC	CURRED 21e. PI	ACE OF INJURY (At hame, farm, s		21f. LOCATION Street	t ar R.F.D. Na.	City or 1	awn	County		State
	XAMINER: te the cert ge 4 should your files. 'oge 3 shou cremotion,		AT WORK A	T WHILE TOET	ary, affice buildin	g, etc.)	/				/			
	Pogradi,		22a. I	certify that I ta				re, held an Aut	opsy, In:	spectian 💆	, Inquiry [, and	in my	opinian
1	MEDICAL lease exec director. Per rained for DIRECTOR: to burial		death re	sulted from:	Natural caus	es Ac	cident,	Suicide,	Homicide	Undeter	mined manner			
	MEI olean dire dire chair DIR		ACTUAL	1	0	//	, ,,		IEF MEDICAL EXAMIN	-	201 24			
	M. P.		SIGNATURE	au !	-	- Cu	- Ty	,m.D.	SISTANT MEDICAL EXA PUTY MEDICAL EXAMI			ESIGNED 2	2-0	6
	fun fun	1	EXAMINER'S NAME (Type)	Luis	E. Renje	el			DRESS(Street, city, to		464 All:	iance	St.M	ID.
	F 20 5	23a.	BURIAL, CREMAT		DATE	23c. NA	ME OF CEMETER	Y OR CREMATORY		LOCATION (Ci	Havre d	(Caunty)	(Sta	ite)
100	0609		Buria	I 9/	26/86	Mt.		Cemetery	Pe	eachbot	tom Twp	., Yor	k, P	Α
77	7 In Lister (5)		FUNERAL DIRECTO		w		ADDRESS	4 3 month	2Sa. REC'D BY RE	GISTRAR	25b. REGISTRAR	SSIGNATURE		TANT
	10W - 17 8A	ال	onn Har	kins 600	Main St	reet De	erta, P.	A 17314	DATE	2 1986	- santau	idom 75	Holes	-

1011-00 THE RESERVE OF THE PARTY OF THE

00-19358	FOR STATE REGISTRAR	D	EPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH		6 1 3 7
oy be page 3 craeath	I. DECEASED NAME FIRST (TYPE OR PRINT)	ASTASIA	NEWMAN	REG. NO. 120. DATE OF DEATH MONTH SEPT. 2	DAY YEAR 26 HOUR 12:000 N
oge 4 mo	Female	White	March 20,1940	6 AGE (IN YEARS LAST BIRTHDAY) 46 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS
er death P	BIRTHPLACE ISTATE OR FOREIGN COUNTRY) Pennsylvania 10. CITY OR TOWN OF DEATH		MARRIED L. NEVER MARRIED L. WIDOWED DIVORCED TO DIVORCED NURSING HOME OR OTHER INSTITUTION	9 BALTIMORE CITY OR COUNT Harford 120. USUAL OCCUPATION	MD 126. KIND OF BUSINESS OR
21201 21201 d in by the libe files	Havre de Grace USUAL RESIDENCE (IF NURSING HOM 130 STATE		pad	Homemaker 13a STREET ADDRESS	
ARYLAND Pletely fills and 2 should	Maryland Har	ford Havre	e de Grace yes No K	13e STREET ADDRESS 911 Bern Road/2	LAST
e executed on ond com	160 WAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCI.	nkus Bernice AL SECURITY NO. 17 INFORMANT 36-9666 Arnold Newma	n,1009 Southern	Levinskas MD 21014 Drive, Bel Air.
W. PRESTON ST., BALI the death certificate by the attending physicia e remove carbon papers cremation, or removal.	PART I. DEATH WAS CAU	only one cause per line for (a) USED BY: DIATE CAUSE (b) DUE TO, OR AS A CO	andersprinty NSEQUENCE OF Variety Acute	Aust Myocarlis Thank	APPROXIMATE INTERVAL BETWEEN OMSET AND DEATH
VITAL RECORDS, 201 N: The law requires the system. cate has been signed be const permit. Then pleas Hygrene prior to burral. 8 shaws any injury, or o	PART 2 OTHER SIGNIFICAN	MIN. CONDITION OR	WHICH OPERATION WAS PERFORMED	200 AUTOPSY? 206. IF YOU IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH!
DIVISION OF V OUG PHYSICIAN offending phy offen this certific os the buriol-fr on Adental the ond Amental the	M MOSE ALMOSE CAUSE OF CAUSE O		16 211 LOCATION	CITY OF TOWN	COUNTY STATE
L OR ATTENDI the haspital and L DIRECTOR: A thacked for use e Dept. of Heal	saw the deceased alies	repital previous the page ased to the page ased to the body offer death	19 1966 and that infinite (our) opinion	death occurred on the date and he	19_88 that (1) (6) lost our and from the couses stated 171. DATE SIGNED 91 23 187
TO HOSPITAL retained by 11 TO FUNERAL should be det with the Stote	1220 PHYSICIAN'S NAME (ITT	NAHM	EL S LAW ST	Baluda.	ML 21001
BP	230. BURIAL, CREMATION, REMOVE Burial	9/26/86	Mount Erin Cemetery	23d LOCATION CITY OR TOWN Havre de Grace	Harford, MD
DHMH - 16 50M 7/77 (VR A 15 (4))	24 FUNERAL DIRECTOR	ADD		TE REC'D. BY REGISTRAR 256 REGIS	

3	1.	FOR STATE REGISTRAR	DEPARTMENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 6	26140
00-18570		CEASED NAME FIRST VIOLE		7	9/12/8 C	DAY YEAR 26 HOUR 150 AM
ige 4 mo rector, po	3 SE	FEMALE	Caucasian Dec			
deoth. Po		RTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	U.S.A. WIDOWE		P. BALTIMORE CITY OR COUNTY HARFOLD	MD.
201 us ofter filed with	3 F	ITY OR TOWN OF DEATH AUSTON	11. NAME OF HOSPITAL, NURSING HOME OF HOT IN SUCH FACILITY, GYE STREET ADDRESS) FAUSTON OFNERAL	HOSPITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	126. KIND OF BUSINESS OR INDUSTRY Restaurant
BALTIMORE, MARYLAND 21 CONTROL OF THE CONTROL OF T	13a. 3 M	aryland Har ATHER'S NAME Grover Cl WAS DECEASED EVER IN U.S. AR	ford Forest Hill MIDDLE eveland Rice	13d INSIDE CITY LIMITS? YES NOTE 15 MOTHER'S MAIDEN NA FIRST Frances 17 INFORMANT Bessie Pal	ME MIDDLE V ADDRESS	rettsville Rd. Harvey s above
res that the death and by the ottending please remove contain privately, cremation, or remay, or other traumoris every	NOI	Conditions, if any, which gave rise to immediate cause (a), stoling the underlying couse last.	DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF (c) CONDITIONS CONTRIBUTING TO DEATH BUT	Robert Cold NOT RELATED TO THE TERM	Carcinon Carcinon	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
VITAL RECORDS, IN: The low required to the sign constitute that the formal the first to the Hygiene prior to the shows only injury.	CERTIFICATION	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICH OPERATIO		200 AUTOPSY? 200 IF IN CER	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO NO
DIVISION OF VIOLE OF VIOLENTIAL OF THE OF TH	MEDICAL	OR CONTRIBUTING CAUSE OF DE. (IF EITHER, NOTIFY MEDICAL EXAMINE) 716 INJURY OCCURRED WHILE NOT WHILE AT WORK	P.M. 19 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
IITAL OR ATTENI by the hospital ERAL DIRECTOR, e detoched for us State Dept, of Hee		sow the deceased alive an	at) view the body after death.	DEGREE ATTENDING .	death accurred an the date and I	19 A that (I) (we) lost nour and from the causes stated 17c. DATE SIGNED 9-12-82
BP	24 F	BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL UNERAL DIRECTOR	9/15/1986 Willis	EMETERY OR CREMATORY AM Watters 250 DAT	23d LOCATION CITY OR TOWN COOPTOWN, E REC'D. BY REGISTRAR 25b. REG	Harford, Md. ISTRAR'S SIGNATURE
(VRA 15, 4)	M	. Gladden Ku	rtz Jarrettsvil	Le, Md. SEF	17 1986 1	Tind Police

DHMH - 16 60M 7/84 (VRA 15, 4)

FOR

REGISTRAR

DECEASED NAME

- STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 2a. DATE OF DEATH MONTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS **BALTIMORE CITY OR COUNTY OF DEATH** Harford County, 126. KIND OF BUSINESS OR INDUSTRY U.S. Gov't. Secretary 13e STREET ADDRESS / ZIP CODE 4787 Norrisville Rd./21161 Miller 7 Norrisville Rd. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 206, IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2 CITY OR TOWN COUNTY and that in (my) (our) opinion death occurred on the date and hour and from the causes stated DIRECTOR PHYSICIAN White Hall, Balt., Second at Franklin 526 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE J. J. Hartenstein, New Freedom, PA 17349

The last application of the same of

FOR - STATE

4. RACE

ISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

136 COUNTY

HARFORD

FIRST

JAMES

MIDDLE

WHITE

76. CITIZEN OF WHAT COUNTRY?

USA

132 DEAVER STREET

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

13c. CITY OR TOWN

HAVRE de GRACE

EMORY

REGISTRAR

MALE

To BIRTHPLACE ISTATE OR FOREIGN

MARYLAND

ID CITY OR TOWN OF DEATH

HAVRE de GRACE

90 DATE OF OPERATION

21d. INJURY OCCURRED

23a. BURIAL, CREMATION, REMOVAL

BURIAL

WHILE |

21a. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

NOT WHILE

DECEASED NAME

(TYPE OR PRINT)

MD

1. SEX

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

PURDHAM. JR.

MARRIED NEVER MARRIED X

4, 1925

DIVORCED

NO [

13d. INSIDE CITY LIMITS?

LAST

5. DATE OF BIRTH

MONTH

WIDOWED

11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

JUNE

0 0

ic -					
REG. NO.					
DATE OF DEATH MONTH	OAY		YEAR	26 HOL	IR
SEPTEMBER 19.	1	986	5	5:4	5A M
AGE (IN YEARS LAST BIRTHDAY)	IF.	UNDE	RIYEAR	IF UNDER	24 HRS
	MO	SHIN	DAY5	HOURS	MIN.
61 YRS.					
BALTIMORE CITY OR COUNT	YO	F DE	ATH	-	
HARFORD	0	OUI	YTV		ME
B USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING I	(FE)		KIND O USTRY	F BUSINE	SS OR
DISPATCHER		CA	AB CC	MPANY	
STREET ADDRESS / ZIP COD	E			2.	1078

14. 77	FIRST	MIDDLE	LAST	FIRST	MIDDLE	LAST
	JAMES	EMORY	PURDHAM, SR.	ALBERTA		WILSON
		IN U.S. ARMED FORCES?	166 SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS	
	YES	WW II	214 26 5960	MRS. FRANCES W. MA	RTZ	SAME AS #13e
	PART I DEATH W Conditions, if any, gave rise to imm cause (a), statin underlying cause	DUE TO, O which (b)	CARDIAC RAS A CONSEQUENCE OF	ARREST ARRYTHMIN SCIEROSIS	4	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
00	PART 2. OTHER SIGN			NOT RELATED TO THE TERMINAL		GIVEN IN PART Ito

YES X

22a.1 certify that (1) (this hospital) ottended the deceased from, saw the deceased alive an, obove, (1) (we) (did) (did not) view the body after death.

and that in (my) (aur) opinion death occurred on the date and hour and from the couses stated

20a AUTOPSY?

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

NOK

CITY OR TOWN

NO []

STATE

20h IF YES, WERE FINDINGS USED

COUNTY

YES [

IN CERTIFYING CAUSES OF DEATH?

ATTENDING MEDICAL PHYSICIAN X DIRECTOR PHYSICIAN 22c. DATE SIGNED

d. PHYSICIAN'S NAME (TYPE OR PRINT)

23b. DATE

MITCHELL FUNERAL HOME, PA, HAVRE de GRACE, MD.

216. TIME OF INJURY

P.M.

21e. PLACE OF INJURY

22SEPTEMBER86

HOUR A.M. MONTH DAY YEAR

AT HOME, STREET, FACTORY, OFFICE, FARM, ETC 1

22e. ADDRESS

211 LOCATION

19SEPTEMBER86

DANTE MONAKIL, M.D.

622 SOUTH UNION AVENUE, HAVRE de GRACE, MD. 21078 23d LOCATION

24 FUNERAL DIRECTOR

[SPECIFY]

ANGEL HILL CEMETERY

23c NAME OF CEMETERY OR CREMATORY

21078

DEGREE

CITY OR TOWN HAVRE de GRACE, HARFORD CO.,

250 DATER OD BY REGISTRAR 250 REGISTRAR'S SIGNATURE

DHMH - 16 50M 4/83 (VRA 15, 4)

말론

- 100

CARDIAC, AFREST, LEADING AND LEADING AFREST

H 11247 3 F

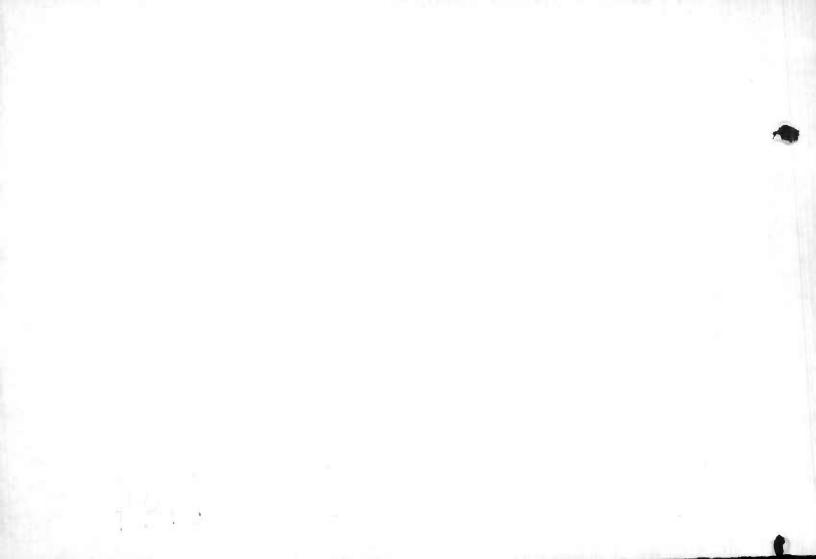
A CHARLES SET OF BUILDING

Change C

Obj.

1000

CERTIFICATE #86-26144



00 1000	,	1 -	STATE REGISTRAR			DE		ICATE OF DEATH	HYGIENE	REG. NO.			1
10-1988	3		CEASED NAME OR PRINT)	FIRST !	10.07	MIDDLE V.	Did	AST Co. A.	20. DATE O	OF DEATH MO	NIH DAY	YEAR	26. HOUR
4 moy b		3. SE	· · · · · · · · · · · · · · · · · · ·	/II gi	4 RACE	v ,	S. DATE (6. AGE (IN	YEARS LAST BIRTHDA	Y) IF UN	DER I YEAR	IF UNDER 24 HRS
	1	7-w D I	Female		Black	F WHAT COU	3	27 03	0.001744	83	YRS	DEATH	
	到红		MD.	ON FOREIGN			MARRIE	D NEVER MARRIED	BALIM	ORE CITY OR C	A	DEATH	
	Z	10 C	TY OR TOWN OF D	DEATH	11. NAME O		URSING HOME (E STREET ADDRESS)	DIVORCED OR OTHER INSTITUTION	(TYPE OF WO	L OCCUPATION ORK FOR MOST OF WE		26. KIND OF NDUSTRY	BUSINESS OR
00 1 00	4	USU.	AL RESIDENCE LIFT				E BEFORE ADMISSION	Hospital	Reti			chool	teacher
LAND 24 h	15		Md.	Hari		Havre	rtown e deGrace		562	ADDRESS / ZI		210	78
1 10/0	27		THER'S NAME FIRST		MIDDLE		51	15 MOTHER'S MAIDEN	NAME	WIDDLE		LAST	
RE. N	0 1	16a V	rthur VAS DECEASED EV			166 SOCIA	inion L SECURITY NO.	Mary 17 INFORMANT	VI -	ADDRESS		arris	
OWI S	1/	(NO OR UNKNOWN)	(IF YES, GIV	E WAR OR DATES)		07-9587	Clementine	Dean 56	2 Girar	d St.	HDG.	MD
BALL years appen	1,30		18 CAUSE OF DEA			er line for (a),	(b), and (c),)	HACK					NATE INTERVAL NSET AND DEATH
251. pertiti	2		TAKI I. DEATH		E CAUSE (o)			MOCK					
or the state of th	mak		Candition il s		DUE TO,	OR AS A TON	SECTION	HAL	adin	ro car	cina	man.	
2 75	1044		Gonditions, if or gove rise to i couse (o), sto	mmediate	DUE TO	00.45.4.004	ISEQUENCE OF	010 60	o-ice.	a cert	circ	000	
There there is by to ob. co.	t offi		underlying cou		(c)_	OK AS A CON	ISEQUENCE OF						
Application of the party of the	e/selu	NO	PART 2. OTHER SI	GNIFICANT	ONDITIONS	CONTRIBUTIN	IG TO DEATH BUT	NOT RELATED TO THE T	ERMINAL DISEA	SE OR CONDIT	ON GIVEN II	N PART 110	
KRCO to the peomit.	2	CERTIFICATION	190 DATE OF OPER	RATION	196 CON	DITION FOR	WHICH OPERATIO	N WAS PERFORMED	200 AU	NOM IN	IL IF YES, WE		
VITA SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL S		CERT	210. ACCIDENT WAS I	Topic Control of the	1100110	OF INJURY		21c HOW INJURY OCC	-			OR PART 2)	NO []
A NATIONAL PROPERTY.	17	CAL	OR CONTRIBUTING			P.M.	H DAY YEAR						
Most of the state	60	MEDICAL	21d INJURY OCCU			E OF INJURY	OFFICE, FARM, ETC.)	211 LOCATION STREET		CITY ON TOWN	11.13	Country	STATE
DING or of After se os t	and a			WHILE WORK	tal) attacked	the decreed	· 9	124 1	7. 0	9/27	10	82	
TTEN pritol TTOR: for us	21 is		22a. I certify that sow the dece	osed olive on	1) view the boo	./	19 12 . 01	nd that in (my) (our) opin	non death occur	red on the date	and hour and	I from the c	ouses stoted
OR-A DIREC	#ea		221 SIE IATURE	/ TOTO / TOTO HIS)	dy offer deoffi	1 /.	DEGREE				22c DATES	IGNEO
ITAL oy the	±		Jan	47	· INO	nepr	1 hl		MEDICAL DIRECTO	R PHYSICIAN	10	9/21	117
O HOSP etoined I TO FUNE should be	PORTA		DANT	NAME (TYPE O	/ho	NAK	11	1270 ADDRESS	de (insce,	rol	21	1078
75 743	_ ≥		URIAL, CREMATION	N, REMOVAL	23b. DATE		23c NAME OF C	EMETERY OR CREMATO	RY 23d LOC	ATION	ro.	UNITY	STATE
BP	-	24 51	Burial		9-30-	86	Berkley		Dar	lington	Harf	ord	Md.
DHMH - 16 60M (VRA) 5, 4)	7/84		rnold Bea	and U	ame de	GMaga	PRESS Md 210'		DATE REC'D. BY	1000 M	REGISTRAR		
(VNM 13, 4)		A	THOLU DES	aru ne	rate de	Grace	, Mu 210		20102	MOO.			

STATE OF MARYLAND

. L. V. STILL V. L. Y. Marine L.

. Fiction increase.

(VRA 15. 4)

the second of the state of the state of the second of the second of the state of the state of the second of the se

Wilder of the control . D. L. Committee and the committee of t the by the man and the set of the free the

보는 경제적으로 보고 있는 것이 되는 10kg 보기 모델스트 - 10kg

The state of the s

EMERS AS EL ANON

Howard K. McComas III, Abingdon, Md. 21009

(VRA 15, 4)

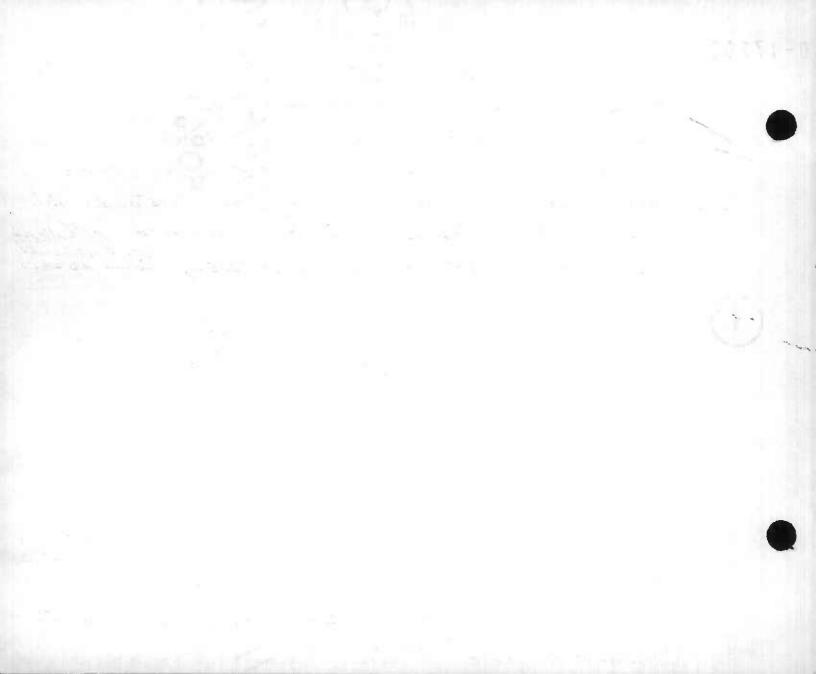
maken and the last transfer of the state of tarro de la composición del composición de la co Market and the second second The settled and the settled to be settled to the se

William of the state of the sta

-17215	1	FOR STATE REGISTRAR			DEPA	RTMENT OF H	OF MARYLA EALTH AND A ICATE OF D	MENTAL HYGI	ENE 8	REG. NO.	2	6 1	50
	-	DECEASED NAME	FIRST		MIDDLE		AST		20 DATE OF		NTH DAY	YEAR	2b. HOUR
e # 2		TYPE OR PRINT)	11-		Edward	Schro	oder			9	2	1986	11:15 2.
may be page 3	3	0.514	Morris	RACEWhit		5 DATE C	F BIRTH		AGE (IN YEA	ARS LAST BIRTHDA	,	UNDER I YEAR	IF UNDER 24 HRS. HOURS MIN.
4 20		Male Male		MITT	-6	NOV	0	1914	71		YRS.		MOOKS MAY.
Page	100	THPLACE (STATE OF	FOREIGN 76	CITIZEN OF	WHAT COUNT	RY? 8	NEVERA	AARRIED [9 BALTIMOR	E CITY OR C	OUNTYO	F DEATH	
ooth.	24	Baltimo	re	U.S.		WIDOWE	DO DA	VORCED [ord Co.			MD.
s after de by the fur illed within	CITY OR TOWN OF D	OR TOWN OF DEATH		OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION ISSUCH FACILITY, GIVE STREET ADDRESS) RECKOID ID.			TITUTION	170 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY CONCIACTOR Pridemark					
24 hours	Z	SUAL RESIDENCE (# NI 30. STATE Maryland	IRSING HOME OR OF THE INTERIOR	Y	. GIVE RESIDENCE B 13c. CITY OR T Joppa	efore admission) OWN	13d INSIDE C	ITY LIMITS?	13e STREET A	Reckor	d Rd.	2108	35
F 1	10	TATHER'S NAME			LAST			MAIDEN NAM	AE .	WIDDIE		. LAS	57
d wilder	4	Albert	MI	DOLE	Schroed	ler	_	ose			Mul	ler	
ond and and and and and and and and and a	, Ti	(46. WAS DECEASED EV	R IN U.S. ARM	ED FORCES?	166 SOCIALS	ECURITY NO.	17. INFORMA					Recko	
Poge a		NO NO	(IF YES, OIVE VI	AR OR DAILS	217-07	-8833	Mrs. S	hirley	G.Schr	oeder,	Jopp	oa, Md	. 21085
in requires that the death certificate been signed by the attending physica mit. Then please remove carbon paper prior to burial, cremation, at removal.		gove rise to cause (o), ste underlying cou	DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. AUTOPSY? 206. IF YES, WERE FINDINGS USED INCEPTIEVING CALISES OF DEATH?										
on. has has ene	7	NE L					aresto.		YES 🗌	ио 🗆	YES		NO 🗆
CIA 3 ph 3 ph 3 ph iol-triff iol-tri	9	216. ACCIDENT WAS OR CONTRIBUTING [(IF EITHER, NOTIFY ME	CAUSE OF DEAT		OF INJURY M. MONTH .M.	DAY YEAR		JURY OCCURR	RED (ENTER NA	TURE OF INJURY II	N ITEM 18, PAI	RELORPARIZ)	
PHYS Hendir the bu		WHILE IN NO	T WHILE WORK	21e. PLACE (AT HOME, ST	OF INJURY TREET, FACTORY, OF	FICE, FARM, ETC.)	211 LOCATION STREET	ОИ		CITY OR TOWN		COUNTY	STATE
		22a.1 certify that		al) ottended th	he deceased fr	0111	5/23	19 20	, to	Ept		9 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	that (I) (we) lost
Tid bit		sow the deceased alive an 8/22 19 80, and that in (my) (aur) opinion death occurred on the date and hour and from the above, (I) (we) (did) (did not) view the body after death.											SIGNED
OR he		226. SIGNATURE	our	~ C/	Fren	l 1	W_	ATTENDING PHYSICIAN	MEDICAL	STAFF PHYSICIA	W 🗆	9/	5/81
TO HOSPITAL (retained by the TO FUNERAL E should be detro with the State E MAPORTANT: #		LOUIS	1 10	PRINT) ESCHI	i, M.1)		9101		4IN 89		BAL	To-Ha	21237
5 5 7 × X		23a BURIAL, CREMATIC	N, REMOVAL	23b. DATE		23c NAME OF			23d LOC			COUNTY	STATE
BP		Burial		9-6-1	1986	Loudon	Park C			imore	L DECICE	APIC CICALA	Md.
DHMH - 16 25M		24 FUNERAL DIRECTOR		Sant.	ADDRES	is		CF		986	wa ba	Mdoor-	ander
(VR A 15 (4)) 9	/74	F. F. Lassa	hn. 1175	OBelair	r Rd.Ki	nasvill	e,Md.21	081 OF	1 0 1	200			

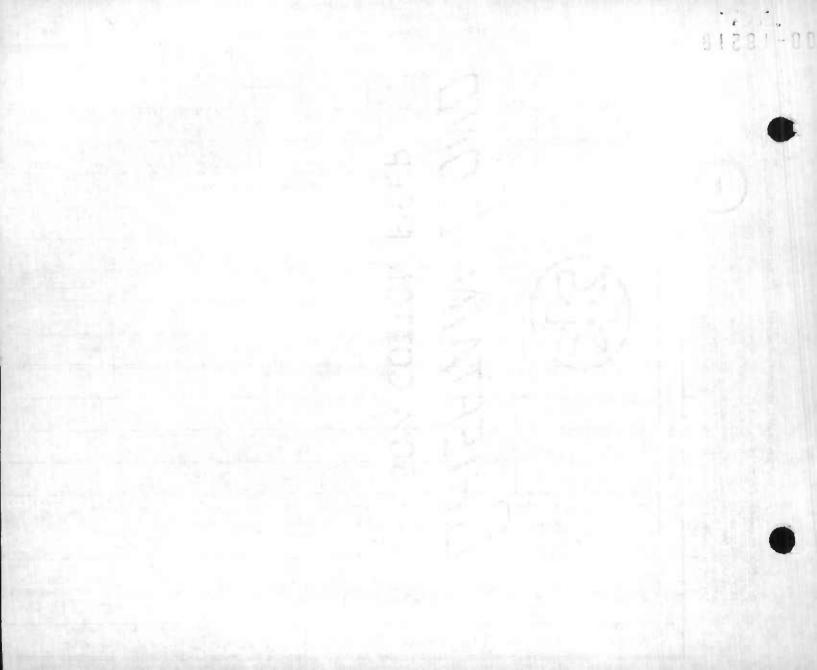
A STATE OF THE STA

STATE OF MARYLAND



(VRA 15, 4)

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENS - STATE REGISTRAR DECEASED NAME 20 DATE KNOWNXX MONTH DAY (TYPE OR PRINT) ESTI-DEATH MATED 9-26 1986 Dale J. Smith 3 SEX 4 RACE DATE OF BIRTH AGE IN YEARS IF UNDER I YR IF LINDER 24 HRS 2c. DATE 2: 25 LAST BIRTHDAYS MONTHS DAYS PRONOLINCED 1086 DEAD 9 - 26Male White 9-10-1968 18 a.M Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE ISTATE OF MARRIED NEVER MARRIED X FOREIGN COUNTRY) USA Harford County, Balto. WIDOWED [DIVORCED IR CITY OR TOWN OF DEATH 120 USUAL OCCUPATION STYPE OF WORK 1120 KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING LIFE! Fallston General Hospital Clerk 7-11 Store Fallston USUAL RESIDENCE HE IN NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE REFORE ADMISSIONI 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS NO TX 3868 Old Federal Hill Rd. MD Harford Balto. 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Jarrettsville, MD Horney Smith Grace Elizabeth Norman Edward 17 INFORMANT ADDRESS 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO (IF YES, GIVE WAR OR DATES! 220-06-5782 Norman E. Smith, 3868 Old Federal Hill Rd. Jarrettsville, MD 21084 IR CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) PART I DEATH WAS CAUSED BY *JMMEDIATE CAUSE (6) Compression Asphyxia DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 in E3 SHOULD BE USED A DEPARTMENT OF HEA 11 PRIOR TO BURIAL, O 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES XX NO T 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING ANDOR 9-26 1986 driver of auto which ran down embankment CONTRIBUTING CAUSE OF DEATH 1:15xxx 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 21f. LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK NOT WHILE XX Furnace Rd. near North Furnace Rd., Jarrettsroad ville, Harford Co., Ma. Autopsy XX 220. I certify that I took charge of the remains in cribed above, held an Inspection Michigan XX Undetermined monner death resulted from Notural causes TITLE (SPECIFY) PAGE 4 SHOUN TO FUNERAL DAFFER DEATH, BALTIMORE, M. ACTUAL 9-26-86 SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Dennis F. Smyth. M.D. 111 Penn St., Balto., Md. (TYPE OR PRINT) 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23d LOCATION 23¢ NAME OF CEMETERY OR CREMATORY Burial Fallston 9-29-86 High View Memoria Park Harford, MD 25M 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** John C. Miller, Inc., 46415 Belair Rd/ 21206 29 -dom-harper (VR A15 ME (5))



-10200	1.	FOR STATE	DEF	ARTMENT OF HEALT	MARYLAND H AND MENTAL HYG IE OF DEATH		2 6	; 5
10300	1.00	REGISTRAR CEASED NAME FIRST	WIDDLE	LAST		REG. No. 20. DATE OF DEATH	O. MONTH DAY YEAR	In vois 2
0 m E		OR PRINTI	Middle	5/ 1	11 -	0 1 4	11001	26 HOUR 3
page 3		NICH		TANI	IA	Septembe		10 0
fier p	3. SE	X	4 RACE	5 DATE OF BIR	DAYL YEAR	6. AGE (IN YEARS LAST BIR	MONTHS DAYS	
19 ms 19	4_	Male	White	DEC.	18, 1915	80	YRS	
Poge hours		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	MARRIED A	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH	
eath nero		NNSYLVANIA	U.S.A.	WIDOWED	DIVORCED [HArtor	d	N
s ofter d	10 C	avrede Grace	11. NAME OF HOSPITAL, N (IF NOT IN SUCH ACILITY, GIVE			120 USUAL OCCUPATION OF THE OF WORK FOR MUST OF MANAGEMENT OF THE	F WORKING LIFE) INDUSTRY	OF BUSINESS O
be fr		AL RESIDENCE (IF NURSING HOME OR		BEFORE ADMISSION)				
filled ould I	N	ARY LAND HARI	1 1)		NSIDE CITY LIMITS?	13e STREET ADBRESS	AMPROAD/Z	1014
sho sho	_	THER'S NAME	FORD BEZ		OTHER'S MAIDEN NA		ALMI NOHD / 2	-1019
137	1		WIDDLE C_IAS	ST	FIRST	MIDDLE	1.1	AST
or o	1/2	VAS DECEASED EVER IN U.S. AR		NILLA LSECURITY NO. 17. II	MARI	4	UN	3/C
1 4 4 4		YES, NO OR UNKNOWN) (IF YES, GIVI	WAR OR DATES)			10	RT DEPOSITA V	ND. 219
1 65 1/		488 WT	D IL 218-0	3-1249 KO	B'T. W. KUZ	MA: 41 HONG		SEMATE INTERVAL
that the a d by the a frame remain or other tru		gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CON	SEQUENCE OF	1	0	10/	
There p	NO	PART 2 OTHER SIGNIFICANT C	Lailine	Ca Ch	RELATED TO THE TERM	NNAL DISEASE OF CON	DITION GIVEN THE ART	19
1,1116	HICAT	14s DATE OF OPERATION	CONDITION FOR	VHICH OPERATION WA	S PERFORMED	70s. AUTOPSY?	200. IF YES, WERE FIND IN CERTIFYING CAUSE YES [7]	
59 81857	4 2	ZIE ACCIDENT WAS UNDERLYING [**	21s TIME OF INJURY	N/XIII	HOW INJURY OCCUR	tout tout	RY PROTEIN 18 TARY 1 (28 PART 2)	
着着 発音音 でん	11 =	OR CONTRIBUTING CAUSE OF DEA		H DAY YEAR				
AND THE PERSON NAMED IN	1 8	(IF HOUR HOTH MEDCALESAMINES TIL INJURY OCCURRED	21e PLACE OF INJURY		LOCATION		The same of the sa	
4 4 4 8 B	MED	HINE ALMON		SHICE, FIRM, ETC.)	SMEET	CHIONE	WW COUNTY	STATE
Afre as sold in a sold in			ab an abdata da and	9-7	-86	9-	11 86	.1 . 5 / 11
Tol OR Hed		22a. I certify that (I) (this hospit sow the deceased alive an	— II	VI	t in (my) (our) apinion	death accurred as the d	ote and hour and from th	that (1) (we) le
ATT OSPI OSPI OSPI OSPI OSPI OSPI OSPI OSPI		obove, (I) (we) (did) (did A)) view the body after death.			acom account on the di		
OR DIR		27b. SIGNATURE		DEGR	ATTENDING	MEDICAL STA		E SIGNED
RAL det	-	11100			PHYSICIAN -	DIRECTOR PHYSIC	IAN	17/16
TO HOSPITAL retained by the TO FUNERAL should be deta with the State IMPORTANT: If		UK Z	IN, MA	Marc "	ADDRESS PO	STX ST	ender, M	1 no
5 5 5 € ₹ ₹ 	23a.	BURIAL, CREMATION, REMOVAL	23b. DA7E	73c NAME OF CEMET		23d LOCATION	COUNTY	51276
BP	Rei	moval/Cremation	9/16/86	R.A. Ferri	s and Co.	West Ches	ter, Chester	, Penna.
DUMIN 14 (011 7:0:		UNERAL DIRECTOR				E REC'D. BY REGISTRAR	25b. REGISTRAR'S SIGNA	ATURE
DHMH - 16 60M 7/84 (VRA 15, 4)	Ta	rring Funeral H	ome, PA, Aberde	en, MD, 21001	1-3399 SF	P 1 7 1006	- Janes	70.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO L DECEASED NAME O DATE KNOWN X MONTH DAY LTYPE OR PRINTI (nmn) DEANNA DEATH MATED STAUFFER 19 86 4 RACE 5. DATE OF BIRTH A AGE IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2c DATE 2d HOUR LAST BIRTHDAY PRONOUNCED 9:51 Female White Mar. 1,1966 20 DEAD 19 86 YRS Th CITIZEN OF WHAT COUNTRY? BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X FOREIGN COUNTRY) Maryland USA WIDOWED DIVORCED Harford County O. CITY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 20 USUAL OCCUPATION (TYPE OF WORK 12h KIND OF BUSINESS OR INDUSTRY Fallston Fallston General Hosp. (DOA) Homemaker UAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE REFORE ADMISSIONAL 3g STATE 134 INSIDE CITY LIMITS? 136 STREET ADDRESS 113b. COUNTY 13c. CITY OR TOWN Maryland Harford YES NO S 1500 Singer Road Joppa 21085 ATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE Stauffer Lawrence (nmn) Sherry June Funkhouser 160 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 17 INFORMANT ADDRES9Md. 21085 IYES, NO, OR UNKNOWN) Sherry J. Heuisler, 1500 Singer Road, Joppa 213-92-9875 no 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY Cranio-cerebral trauma AMMEDIATE CAUSE (a)____ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 19a, DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? Head Only 21a EXTERNAL CAUSE WAS 21b. TIME OF INTURY 21c. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART) OR PART 2) HOUR AM MONTH DAY YEAR UNDERLYING XOR 9 PM 9-19-Passenger of auto that went out of control. CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 21f LOCATION 21d INTURY OCCURRED STREET, FACTORY, FARM, ETC.) CITY OR TOWN WHILE AT WORK Old Joppa Rd. Harford road MD 22a. I certify that I)ook charge of the remains described above, held an death resulted ra Natural causes Homicide Undetermined monner TITLE (SPECIFY) DATE Assistant MEDICAL EXAMINER 9-20-86 SIGNATURE 111 Penn St., Balto., MD 21201 EXAMINER'S NAME Dennis F. Smyth. M.D. (TYPE OR PRINT) 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE Burial Sept. 24, 1986 Mt. Zion Cemetery 07/B4 Bel Air Md. 25M 24. FUNERAL DIRECTOR and was to down the state of **DHMH - 17** Howard K. McComas III, Abingdon, Md. 21009 (VR A15 ME (5))

STATE OF MARYLAND

			FOR					AARYLAND LAND MENTAL	HYGIENE!	2	6	/		
On 1	9121	1-	STATE REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG, NO.										
1	0121	T. DE	CEASED NAME	FIRST		MIDDLE		LAST	20 DATE K	NOWN	MONTH DAY	YEAR 26-HOUR		
	2000	(TYPE OR PRINT) Fred			Lee Wood			ody	dv OF ESTI- DEATH MATED 🔀 S			19 86 5 mm		
	5000000	1,56)		RACE	5. DATE OF BIRTH	YEAR 6. AGE (IN	YEARS IF UN		R 24 HRS 20 DATE PRONOUNCE		MONTH DAY	YEAR 24 HOUR		
	S. S		M	W	11 21	21 64		NO DATS HOURS	DEAD		9/22	1986 b n M		
-	STAN SEE	7e. B	REIGN COUNTRY)		76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 BALTIMORE CITY						COUNTY OF	DEATH		
	ASS.	10.0	ITY OR TOWALC	NC	USA	CDITAL MUDGING HOL		CED Hai	rford	Tial VI	MD.			
	STATE 2	Fallston		11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY GIVE STREET ADDRESS) Fallston General				FOR MOST OF WORK	ING LIFE)	_ 01	RINDUSTRY			
SA S					ROTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)					214111				
120	43 18 0 K	130 S	TATE	136. COUN		Bel Air		13d. INSIDE CITY LIMITS? YES NO X			de Dr	1014		
MD. 2120	100 July 2000	MD Ha			rord			15. MOTHER'S MAID	EN NAME	DIE	rage or.			
100		0	Lawrence]	loyd Woody			Bertie	MIC	Col	Collins			
OWI	PAGE	17	ES NO OR LINKNOW	EVER IN U.S. ARA	MED FORCES? WAR OR DATES)	166 SOCIAL SECUR		17 INFORMANT		ADDRESS				
IALT	S AFI		yes Nav	WW	WAR OR DATES)	239 26	7531	Texa E.	Wbody	same)			
ta	MAN MAN		18 CAUSE OF PART I DEA	DEATH (Enter onl	ly one couse per line DBY:	for(a), (b), and (c).)	11 4	En of D	CEA-		BET	APPROXIMATE INTERVAL		
NO	VAL SEN		3-36		E CAUSE (a)	AS A CONSEQUENCE	Y /YC	AK) PI	SENSE					
558	NA PERSONAL PROPERTY OF THE PR			, if ony, which	002.0,0	ASIV	7							
3	MIN		couse (a) s	to immediate toting the <u>under-</u>	DUE TO, OR	AS A CONSEQUENCE	E OF							
20	D WAR		lying cous	e lost.	(c)									
SIEDS,	E EXEC DING DICAL A BUI TH AN	z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 101											
98	EAS AND	CERTIFICATION	19a. DATE OF C	PERATION	196 CONDI	TION FOR WHICH OP	ERATION W	AS PERFORMED?			20	AUTOPSY?		
VITAL	DE PROPE	ĕ									4	YES NO		
OF.	DAE W	100	21a EXTERNAL		21b. TIME O	F INJURY	AR 21c. H	OW INJURY OCCURR	ED LENTER NATURE OF INJU	RY IN ITEM 18 PAR	T 1 OR PART 2)			
NO	SECTION OF THE SECTIO	MEDICAL	CONTRIBUTIN	G CAUSE OF E	DEATH P.A	1. 19				3000				
V 25	SE3SE PERSON	WED	21d. INJURY OF		STREET FAC	OF INJURY (AT HOME, TORY, FARM, ETC.)		CATION	CITY OR TOW	N	COUNTY	STATE		
	WAR WAR		AT WORK	AT WORK										
1	SE S					scribed above, held an		sy . Inspection	, ,		n my opinion			
-	AMIN SEC STU		death resulted	from: Notur	rol couses .	Accident	Suicide	, Homicide	Undetermined mor	iner,				
	A SOCIAL		ACTUAL SIGNATURE_	au.	· E/	leur	-	TITLE (SPECIFY)	MEDICAL EXAMI	NED	DATE SIGNED 9	/23/86		
	SE SE SE	1			5			0.12/4/						
	A STATE OF S		TYPE OR PRIN	IAME LUIS	E. Renje	L, MD		ADDRESS 464 A	lliance St.	Havre	De Gra	ace, MD		
	584544	1	SPECIFY)	ON, REMOVAL 2	- 1	23t. NAME OF C			23d. LOCATION CITY OR TOWN		COUNTY	STATE		
07/8- 25M	4 BP	04.5	UNERAL DIRECT	00	- 1	86 Harfords			Churchyill	125H PERICE	IC. MA	Tylhor		
	DHMH - 17 (VR A15 ME (5))	13	easeby My	TIOMISTE	ADDRESS	readwaya Wi		SE	b. 5 6 1900	Julia	Dender	Karama		
	(AK WID WE (2))	12	mulicuis	w traction	35 H	r, Maryland 2	1014							

Les and Carrier Million and Committee Committe

STATE OF MARYLAND